

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90424 030 ****55.00

DOCUMENT # M03000004029

1. Entity Name

ADVANTAGE MARINE, LLC



Principal Place of Business

**2784 COASTAL HIGHWAY
CRAWFORDVILLE FL 32327**

Mailing Address

**2784 COASTAL HIGHWAY
CRAWFORDVILLE FL 32327**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
43-2035291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BICKERSTAFF, H. JEFF
2459 SURF ROAD
PANACEA FL 32346**

Name
CHARLES DANIEL BICKERSTAFF
Street Address (P.O. Box Number is Not Acceptable)
2784 COASTAL HIGHWAY

City
CRAWFORDVILLE **FL** Zip Code
32327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BICKERSTAFF, H. JEFF
2784 COASTAL HIGHWAY
PANACEA FL 32346** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CHARLES DANIEL BICKERSTAFF
2784 COASTAL HIGHWAY
CRAWFORDVILLE, FL 32327** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #