

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000396

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** TRADEWINDS TOWING LLC

**Current Principal Place of Business:**

119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

312 MINORCA AVENUE  
SAINT AUGUSTINE, FL 32080

**Current Mailing Address:**

119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

312 MINORCA AVENUE  
SAINT AUGUSTINE, FL 32080

**FEI Number:** 20-3995471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, ELISABETH  
119 WASHINGTON STREET  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

SMITH, ELISABETH  
312 MINORCA AVENUE  
SAINT AUGUSTINE, FL 32080 US

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.

SIGNATURE:

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: SMITH, DOMINIQUE  
Address: 312 MINORCA AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: SMITH, RACHEL  
Address: 822 MANDEVILLE ST  
City-St-Zip: NEW ORLEANS, LA 70117

Title: S  
Name: SMITH, ELISABETH  
Address: 312 MINORCA AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ELISABETH SMITH

S

02/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date