M06000004333

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) 2007

FILED
07 SEP 21 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000004333

1. Entity Name
Atlantic Marine Florida, LLC

DO NOT WRITE IN THIS SPACE

BK

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
8500 Heckscher Drive	8500 Heckscher Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32226 Country:	Zip: 32226 Country:

4. FEI Number — [X] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name: CorpDirect Agents, Inc
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
City: Tallahassee FL Zip Code: 32301

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 DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Atlantic Marine Holding Company 8500 Heckscher Drive Jacksonville, FL 32226	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600109879196 09/25/07--01014--022 **150.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] CFO 9/20/07 (904) 251-1526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #