MOGOOUO 4336
LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # M06000004336 1. Entity Name				07 SEP 21 AM 10: 59	
Atlantic Marine Mayport, LLC				SECRETARY OF STATE TALLAHASSEF, FLORIDA	
DO NOT WRITE IN THIS SPACE				BK	₹UA
2. Principal Place of Business 8500 Heckscher Drive Suite, Apt. #. etc. 3. Mailing Addr 8500 Suite, Apt. #.			her Drive	CR2E083B (8/05)	
Jacksonville FL		Jacksonville, FL		4. FEI Number	Applied For Not Applicable
32226	Country	32226	Country		\$5.00 Additional Fee Required
DO NOT WRITE IN THIS SPACE To the second and Address of Current Registered Agent Name Corp Direct Agents Inc. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City Tallahassee FL Zip Code 3230					
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 I rated name of registered agent and 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.					
Make Check Payable (EE IS \$50.00 to Florida Departm JE BY MAY 1	nent of State	
9.	MANAGING MEMBER	S/MANAGERS	mte I		
NAME STREET ADDRESS 8	Atlantic Marine Holding Company		NAME STREET ADDRESS CITY-ST-ZIP	200109875 09/25/07—01014—02	9212 2 **!50.00
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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 of trustee empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPEY OF PROTECT HAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date The Process of the 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 in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes in Sectio					