File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR -2 AM 8:10

LR 3/5

FILING FEE	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # M98000000071

SEA STRIKER INDUSTRIES, LLC
LITTLE NINE DRIVE
MOREHEAD CITY, NC 28557

1a. Principal Place of Business Address

2. Principal Place of Business	2a. Mailing Address
8538 NW 64TH STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: **MIAMI, FL**	City & State
Zip: **33166** Country: **US**	Zip Country

3. Date Organized or Qualified	3a. State of Formation
JANUARY 22, 1998	**NC**

4. FEI Number: **56-2060036** ☐ Applied For ☐ Not Applicable

5. Date of Last Report: **N/A**

6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
BARRY HELLER **8538 NW 64TH STREET** **MIAMI, FL 33166**	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MANAGER	**TROY D. HENRY, JR.**	**LITTLE NINE DR.**	**MOREHEAD CITY, NC 28557**

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****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X Troy D Henry Jr 2/21/98 (919)247-4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

TROY D. HENRY JR MANAGER