

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123974

**Entity Name:** ALLIED OCEAN RECOVERY, LLC

**Current Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 61-1676672

**Certificate of Status Desired:** No

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

STOLZENBERG, KEITH HESQ.  
STOLZENBERG, GELLES & FLYNN, LLP  
1401 BRICKELL AVE SUITE 825  
MIAMI, FL 33131 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLUE HOLE EXPEDITION, LLC  
Address 17888 67TH COURT NORTH  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEROME D PAULSRUD

**AUTHORIZED  
REPRESENTATIVE**

**03/25/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date