

L24000196486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

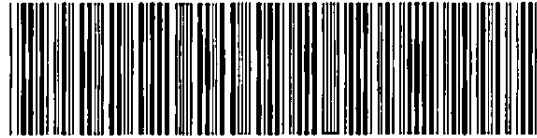
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100430641371

05/31/24--01021--007 \*\*25.00

FILED  
MAY 31 2024  
TOLSON  
FBI  
PH 12:25  
ALABAMA  
STATE  
ALABAMA  
FL

R. HUNT

05/31/24

May 29, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Name of LLC: Starboard Sun, LLC

Dear Sir or Madam,

The following Documents are enclosed:

1 Statement of Change of Registered Agent or Both for LLC Release

1 Check No. 5608 for \$25.00.

Thank you for your assistance on this matter. Please do not hesitate to contact me with any questions.

Sincerely,



Lesley A. Moss, Esq.

*MJM:nra*  
*Encls.*  
*Via Federal Express*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Starboard Sun, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lesley A. Moss, Esq.  
Name of Person  
Oram & Moss, Chartered  
Firm/Company  
1101 Wootton Parkway, Suite 500  
Address  
Rockville, MD 20852  
City/State and Zip Code

lmoss@orammos.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lesley A. Moss, Esq. 301 652-8600  
Name of Person at Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2004 MAY 31 PM 12:25  
CLERK OF STATE  
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Starboard Sun, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

115 Granada Avenue

Annapolis, MD 21401

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

115 Granada Avenue

Annapolis, MD 21401

April 26, 2024

L24000196486

3. April 26, 2024 Date of filing/registration in Florida

4. L24000196486 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Alan Sandler

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

225 S Westmonte Drive S-1100

Altamonte Springs, FL 32714

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Alan Sandler

NEW Registered Office Address:

1051 Winderley Place, Suite 303

Maitland, FL 32751

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lesley A. Moss  
Signature of a member or authorized representative of a member

Lesley A. Moss  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

LED  
2024 APR 31 PM 12:25  
CLERK OF STATE  
TALLAHASSEE, FL