

L0000000 5916

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : HODGSON ROSS LLP  
Account Number : 072720000242  
Phone : (561) 394-0500  
Fax Number : (561) 394-3862

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REGISTERED AGENT CHANGE

THE YACHT SHOP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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M. THOMAS

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EXAMINER

(H09000150832 3)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Yacht Shop, 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:

James M. Hankins

Name of Person

Hankins Roman Wenzel P.L.

Firm/Company

1800 N. Military Trail, Suite 160

Address

Boca Raton, FL 33431

City/State and Zip Code

jhankins@hrcwlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Hankins

Name of Person

at ( 561 ) 862-4132

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

(H09000150832 3)

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INFS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: The Yacht Shop, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

444 E. Palmetto Park Rd.  
Boca Raton, FL 33432

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

1800 N. Military Trail, Suite 160  
Boca Raton, FL 33431

04/15/2003

3. Date of filing/registration in Florida

L00000005916

4. Document number

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

Registered Agent:

HRAWG Corp.

Registered Office Address:

1801 N. Military Trail  
Suite 200  
Boca Raton, FL 33431

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

**NEW Registered Agent:**

Hankins Roman Wenzel P.L.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1800 N. Military Trail  
Suite 160  
Boca Raton, FL 33431

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.

Kenneth R. Swanson

Signature of a member or authorized representative of a member

Kenneth R. Swanson, Managing Member

Printed or typed name of signer

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 608, F.S. Or, if this document is being filed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Shonda M. Hankins

Signature of Registered Agent

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

FILING FEE: \$25.00

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