

L02000027292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

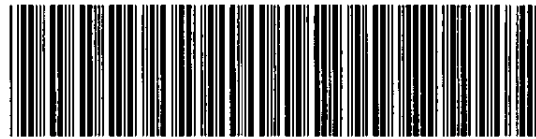
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY -9 PM 1:59

T. HAMPTON

MAY 12 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Island Pointe 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:

Marken Matthews  
(Name of Person)

Island Pointe ~~LLC~~ LLC  
(Firm/Company)

1827 Grant St. #403  
(Address)

Denver, Co. 80203  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marken Matthews at ( 720 ) 34 8182  
(Name of Person) (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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*\$3500 CK has been*

*previously sent -  
CK cover letter.*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 MAY -9 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 17, 2008

MARLEN MATTHEWS  
SAGEBRUSH  
1827 GRANT ST - # 403  
DENVER, CO 80203

SUBJECT: ISLAND POINTE PARTNERS, LLC  
Ref. Number: L02000027292

We have received your document for ISLAND POINTE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 808A00023056

**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. The name of the limited liability company is: Island Route LLC
2. The mailing address of the limited liability company is: 1827 Grant St #403  
DENVER, CO. 80203  
L 02 0000 27 92
3. Date of filing/registration in Florida \_\_\_\_\_ 4. Document number \_\_\_\_\_

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRA, Inc.  
Name  
P.O. Box 927 2731 Executive Park Dr  
Address #4 Weston, FL 33331  
W. Windsor NJ 08550-0927  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Marken Matthews  
Name  
402 S. Orleans Av.  
Florida street address (P.O. Box NOT acceptable)  
Tampa, FL 33606  
City, State and Zip

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DIVISION OF CORPORATIONS  
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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.

[Signature]  
(Signature of a member or authorized representative of a member)

Marken Matthews  
(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 608, 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

\$35.00 has been sent previously