

L03000007216

(Requestor's Name)

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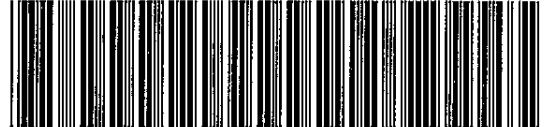
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STATE  
TALLAHASSEE, FLORIDA

05 MAR 15 PM 1:45

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 1, 2005

MIKE LAKY  
7254 16TH COURT NE  
ST. PETERSBURG, FL 33702

SUBJECT: MISS B HAVEN CHARTERS, LLC  
Ref. Number: L03000007216

We have received your document for MISS B HAVEN CHARTERS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a fee of \$25.00 due.

Please return 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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 205A00014167

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miss B Haven Charters LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L03000007216

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIKE LAKY  
(Name of contact person)

MISS B HAVEN CHARTERS LLC  
(Firm/Company)

7254 16<sup>th</sup> COURT NE  
(Address)

ST PETERSBURG FL 33702  
(City/state and zip code)

For further information concerning this matter, please call:

MIKE LAKY at ( 727 ) 423-5736  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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05 MAR 15 PM 1:45  
STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miss B Haven Charters LLC  
2. The principal office address: 7254 16<sup>th</sup> Court NE  
St Petersburg FL 33702  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: LC3000007216

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Law Offices Christopher Bohne  
4455 Gandy Blvd Suite 750B  
Tampa, FL 33611

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mike Laky  
7254 16<sup>th</sup> Court NE  
(P.O. Box NOT acceptable)  
St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

Tim Harrington  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

2/22/05  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314