

L040000007612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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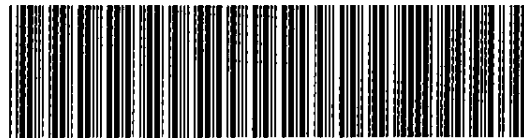
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC -6 PM 12:59

HAMPTON
DEC -7 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Island Capital, 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:

Natalie Gomez

Name of Person

Atlantic Island Capital, LLC

Firm/Company

301 S Gulfview Blvd, Suite 873

Address

Clearwater, FL 33767

City/State and Zip Code

natalie@njrdevelopment.com

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

For further information concerning this matter, please call:

Natalie Gomez

Name of Person

at (727)

373-4255

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 23, 2010

NATALIE GOMEZ
301 S. GULDBLVD
STE 873
CLEARWATER, FL 33767

SUBJECT: ATLANTIC ISLAND CAPITAL, LLC
Ref. Number: L04000007612

We have received your document for ATLANTIC ISLAND CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00027497

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: Atlantic Island Capital, LLC

2. (a) Principal office address of limited liability company: Atlantic Island Capital, LLC

(Note: MUST BE STREET ADDRESS)

101 E. Kennedy Blvd, Suite 2125
Tampa, FL 33602

(b) Mailing address of limited liability company: Atlantic Island Capital, LLC

(Note: MAY BE POST OFFICE BOX)

101 E. Kennedy Blvd, Suite 2125
Tampa, FL 33602

January 18, 2004

L04000007612

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Christopher Bastas

Registered Office Address:

101 E. Kennedy Blvd, Suite 2125
Tampa, FL 33602

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Atlantic Island Capital, LLC

301 S. Gulfview Blvd, Suite 873

Clearwater, FL 33767

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 of a member or authorized representative of a member

Neil Rauenhorst

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 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 of Registered Agent

Christopher Bastas

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

FILING FEE: \$25.00

FILED
DIVISION OF STATE
CORPORATIONS
JAN 19 2004
6 PM 1:00