

L04000055146

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 21 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM HARBORS AQUAPLEX 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:

Shelley Clifford, Paralegal
(Name of Person)

Bryan Cave LLP
(Firm/Company)

161 N. Clark Street, Suite 4300
(Address)

Chicago, IL 60601
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley Clifford at (312) 602-5061
(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



Shelley L. Clifford
Paralegal
Direct: (312) 602-5061
Fax: (312) 698-7461
shelley.clifford@bryancave.com

November 13, 2008

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

Re: Change of Agent Multiple Entities

Dear Sir/Madam:

Enclosed are Statements of Change of Registered Agent for the following companies:

1. Dream Harbors Aquaplex LLC
2. Dream Harbors LLC
3. Dream Harbors Maximo LLC
4. MMV Management LLC
5. PCMC Management LLC
6. Port Canaveral Marine Center LLC
7. The Carrabelle Boat Club LLC
8. AV I Management LLC
9. Carrabelle Management LLC
10. DH Marina Management LLC
11. DHIT Consulting LLC
12. Cocoa Village Marina LLC

Also enclosed is a check in the amount of \$300.00 in payment of the required filing fee of \$25.00 per company. As confirmation of receipt of these statements, I have included an acknowledge copy of each statement and ask that you date stamp

Bryan Cave LLP
161 North Clark Street
Suite 4300
Chicago, IL 60601-3315
Tel (312) 602-5000
Fax (312) 602-5050
www.bryancave.com

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POLITICAL AFFAIRS SUBSIDIARY*
www.bryancavestrategies.com
Washington, DC
St. Louis

Registration Section

November 13, 2008

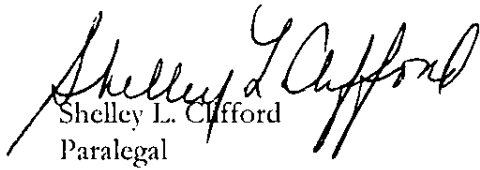
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Bryan Cave LLP

received each statement and return the stamped copy to me. For use in returning the stamped copies, I have included a prepaid self-addressed stamped envelope.

If you have any questions, please call me.

Sincerely,



Shelley L. Clifford
Paralegal

slc

**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: Dream Harbors Aquaplex LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**) 909 10th Street South, Suite 105
Naples, FL 34102

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**) same as above

July 26, 2004 L04000055146
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: John C. Swanson

Registered Office Address: 909 10th Street South
Suite 105
Naples, FL 34102

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

NEW Registered Agent: Walter A. Margerison

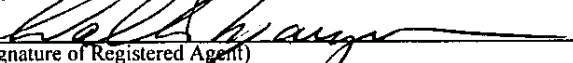
NEW Registered Office Address: 909 10th Street South
(**MUST BE FLORIDA STREET ADDRESS**) Suite 105
Naples, FL 34102

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)

John J. Goebel, authorized representative of member
(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 of Registered Agent)

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE