

LO4000076042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

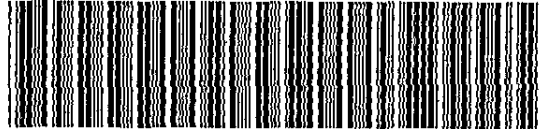
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 206 Mariner Bay LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Karen S. Vavra  
(Name of Contact Person)

206 Mariner Bay LLC  
(Firm/Company)

1026 Blacksmith Ln  
(Address)

Collegedale GA 19426  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen S. Vavra at ( 610 ) 489-2313  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 4, 2006

KAREN VAVRA  
1026 BLACKSMITH LN  
COLLEGEVILLE, PA 19426

SUBJECT: 206 MARINER BAY, LLC  
Ref. Number: L04000076042

We have received your document for 206 MARINER BAY, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 606A00000280

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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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. The name of the limited liability company is: 206 Mariner Bay LLC
2. The mailing address of the limited liability company is: 1026 Blacksmith Ln  
Collegeville PA 19426
3. Date of filing/registration in Florida: 10/20/04
4. Document number: 20400076042

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

The Corporation Company  
Name  
1201 Hayes St.  
Address  
Tallahassee Florida 32301  
City, State and Zip

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TALLAHASSEE, FLORIDA

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

Thomas G. Goli  
Name  
9078 Silver Glen Way  
Florida street address (P.O. Box NOT acceptable)  
Lake Worth FL 33467  
City, State and Zip

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)

Karen S. Vavra, 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]  
(Signature of Registered Agent)

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