

DOCUMENT # L05000017001

1. Entity Name

MR YACHT CHARTERS LLC



FILED
Apr 09, 2007 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

C/O CAROLYN BLITZ
 29 EAST 64TH STREET, APT. 5-D
 NEW YORK NY 10021

C/O CAROLYN BLITZ
 29 EAST 64TH STREET, APT. 5-D
 NEW YORK NY 10021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0978523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete
 NAME: BLITZ, CAROLYN
 STREET ADDRESS: 29 EAST 64TH STREET, APT. 5-D
 CITY-STATE-ZIP: NEW YORK NY 10021

TITLE: ☐ Delete
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 STREET ADDRESS:
 CITY-STATE-ZIP:

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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:
 000000696852
 04/18/07-80016-009 50.00

TITLE: ☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #