L0500020146

	,	٠,
(Red	questor's Name)	·
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(0-		
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer.√	1 4
	(1)8	1/18
	G	,
PA change		
.0	Office Use On	lv



800078587418

08/16/06--01016--003 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: CAPTAIN HOWARD G. LE	EVY MASTER MARINER, 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:
CAPTAIN HOWARD G. LEVY	
(Name of Person)	
CAPTAIN HOWARD G. LEVY MAST (Firm/Company)	ER MARINER, LLC
PO BOX 111	
(Address)	
OZONA, FL 34660-0111	
(City/State and Zip Code)	·
For further information concerning this mat	ter, please call:
CAPTAIN HOWARD G. LEVY	at (727) 638-8078
(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 followi	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

ugo, o. oo, o	.e o, 1 .eaa.		
1. The name of the limit	ed liability company is: _	CAPTAIN HOWARD G. LEVY MASTER MARINEF	٦, LLC
2. The mailing address of	of the limited liability com	pany is : PO BOX 111	
OZONA, FL 34660-0111			
February 25, 2005		1050000020146	
3. Date of filing/registra	tion in Florida	4. Document number	
5. The name of the regist Florida Department of	State:	red office address as shown on the records	of the
	CAPTAIN HOWARD		
		Name	
	920 WISCONSIN AVE	ddress	
	PALM HARBOR, FL 3		
		tate and Zip	
6. The name and address	of the new registered age	nt and/or office:	
	CAPTAIN HOWARD O		
	Na 2846 HIGHLANDS BOU	amc # EVARD_LINIT # A	
		P.O. Box NOT acceptable)	
	·	•	
		FL 34684	
	City, Sta	te and Zip	
If the limited liability conconfirmed that after the cand the business effice or liability company, it is not of the members of the lin or the operating agreeme (Signature of a member or author)	change or changes are made the registered agent will breby confirmed that the conted liability company on the limited liability of the limited liability of the limited liability of the limited liability.	nder the laws of the State of Florida, it is he de, the Florida street address of the register be identical. Or, in the case of a Florida lichange(s) was/were authorized by an affirm as otherwise provided in the articles of or company.	ereby ed office imited native vote ganization
HOWARD G. LEVY			
(Printed or typed name of signee	•		
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608 F \$. Or, if address, Thereby confing (Signature of Registered Agent)	pintment as registered age ins of all statutes relative adjaccept the obligations this document is being fill it must the limited liability	ent and agree to act in this capacity. I furth to the proper and complete performance of of my position as registered agent as provi ed to merely reflect a change in the registe company has been notified in writing of th	her agree to f my duties, ided for in ered office is change Signal Signa
Divisi	on of Corporations, P.O	. Box 6327, Tallahassee, FL 32314	- 6
	FILING	FEE: \$25.00	P

INHS18 (8/05)