## LOS000031137

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FILED 2006 OCT 23 P 1: 37 SECRE TARY OF STATE TALLAHASSEE. FLORIDA

File 5th

TO: **Registration Section Division of Corporations** 

SUBJECT: THE BLUE LAGOON MOTEL, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

 $\mathbf{L}^{\prime}$ 

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

at (

Please return all correspondence concerning this matter to the following:

Holly Eakin Moody, Esquire

(Name of Person)

Holly Eakin Moody, P.A.

(Firm/Company)

2900 E. Oakland Park Blvd.

(Address)

Ft. Lauderdale, FL 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Eakin Moody

566-7417 954

(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:



\$55 Filing Fee & Certified Copy

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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: The Blue Lagoon Motel, LLC

2. The mailing address of the limited liability company is : 3333 NE 34th Street, Apt. 1112-A,

Ft. Lauderdale, FL 33308

03/28/05

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3. Date of filing/registration in Florida

4. Document number

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

. Donna Millar	
Name 3333 NE 34th Street, Apt. #1112-	Δ
Address	
Ft. Lauderdale, FL 33308 City, State and Zip	FI 2006 OCT SECRET
6. The name and address of the new registered agent and/or office:	<b>FILE</b> 10h OCI 23 P ECRETARY OF LLAHASSEE.F
Susan Martino	
Name 3801 N. Ocean Blvd.	Lorida
Florida street address (P.O. Box NOT accepta	lble)

Ft. Lauderdale, FL 33308 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 of a member of authorized representative of a member) Robert DeBenedictics

(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 Afthis document is being filed to merely reflect a change in the registered office address, I hereby confirm that the fimited liability company has been notified in writing of this change.

SUSAN MARTINO Signature of Registered Agent)

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