

105090045102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

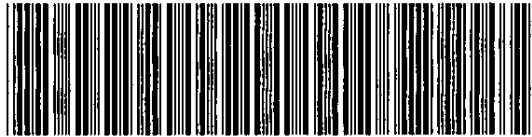
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

SEP - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARLO'S ON THE BEACH, 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:

William Robins
Name of Person

AGENT - for - Marlo's On The Beach
Firm/Company

2 Oceans West Blvd. Suite 400
Address

Daytona Beach Shores, FL 32118
City/State and Zip Code

islandrentalst.martin@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Robins at (386) 334-4092
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

W. ROBINS
2 OCEANS WEST BLVD. STE 400
DAYTONA BEACH SHORES, FL 32118

SUBJECT: MARIO'S ON THE BEACH, LLC
Ref. Number: L05000045102

We have received your document for MARIO'S ON THE BEACH, LLC and your 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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A00028485

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: MARIO'S ON THE BEACH, LLC
2. (a) Principal office address of limited liability company: MARIO'S ON THE BEACH, LLC
☒ (Note: **MUST BE STREET ADDRESS**) 2 Oceans West Blvd. Suite 400
Daytona Beach Shores, FL 32118
- (b) Mailing address of limited liability company:
☒ (Note: **MAY BE POST OFFICE BOX**) MARIO'S ON THE BEACH, LLC
2 Oceans West Blvd. Suite 400
Daytona Beach Shores, FL 32118
405000045102
3. Date of filing/registration in Florida 05/06/2005
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Thomas F. Scachetti

Registered Office Address:

2855 S. Atlantic Ave. Unit 401
Daytona Beach Shores, FL 32118

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

NEW Registered Agent:

W. Robins

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2 Oceans West Blvd
Suite 400
Daytona Beach Shores, FL 32118

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.

Lisa Robins
Signature of a member or authorized representative of a member

Lisa Robins

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.

W. Robins
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00