L05000058661

| (Re | questor's Name) | |
|---|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| • | , | |
| | | |
| | | |
| | | |

Office Use Only



900138117589

11/20/08--01039--006 **300.00

2009 HOV 20 A II: 38
SECRETARY OF STATE

T. HAMPTON

NOV 2 1 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Port Canaveral Marine Cer | iter LLC | |
| | imited Liability Company) | |
| | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | ee Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| | • | |
| Shelley Clifford, Paralegal | | |
| (Name of Person) | | |
| | | |
| Bryan Cave LLP | | |
| (Firm/Company) | | |
| 161 N. Clark Street, Suite 4300 | | |
| (Address) | | |
| | | |
| Chicago, IL 60601 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, | places calls | |
| ror lurther information concerning this matter, j | olease call. | |
| Shelley Clifford at | (312) 602-5061 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 | |
| Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| ✓ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |
| | | |

to be a second of



Shelley L. Clifford Paralegal Direct: (312) 602-5061 Fax: (312) 698-7461 shelley.clifford@bryancave.com

November 13, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Change of Agent Multiple Entities

Dear Sir/Madam:

Enclosed are Statements of Change of Registered Agent for the following companies:

- 1. Dream Harbors Aquaplex LLC
- 2. Dream Harbors LLC
- 3. Dream Harbors Maximo LLC
- 4. MMV Management LLC
- 5. PCMC Management LLC
- 6. Port Canaveral Marine Center LLC
- 7. The Carrabelle Boat Club LLC
- 8. AV-I Management LLC
- 9. Carrabelle Management LLC
- 10. DH Marina Management LLC
- 11. DHTT Consulting LLC
- 12. Cocoa Village Marina LLC

Also enclosed is a check in the amount of \$300.00 in payment of the required filing fee of \$25.00 per company. As confirmation of receipt of these statements, I have included an acknowledge copy of each statement and ask that you date stamp

Bryan Cave LLP

161 North Clark Street

Suite 4300

Chicago, IL 60601-3315

Tel (312) 602-5000

Fax (312) 602-5050

www.bryancave.com

Chicago

Hamburg

Hong Kong

Irvine

Jefferson City

Kansas City

Kuwait

London

Los Angelas

Milan

New York

Phoenix

San Francisco

Shanghai

St. Louis

Washington, DC

Bryan Cave International Trade

A TRADE CONSULTING SUBSIDIARY OF NON-LAWYER PROFESSIONALS

www.bryancavetrade.com

Bangkok

Jakarta

Kuala Lumpur

Manila

Shanghai

Singapore

Tokyo

Bryan Cave Stratogies
A GOVERNMENT RELATIONS AND
POLITICAL AFFAIRS SUBSIDIARY

www.bryancavestrategies.com

Washington, DC

St. Louis

Bryan Cave LLP

Registration Section November 13, 2008 Page 2

received each statement and return the stamped copy to me. For use in returning the stamped copies, I have included a prepaid self-addressed stamped envelope.

If you have any questions, please call me.

Sincerely,

Shelley L. Clifford

Paralegal

slc .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

16. 356.

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: Port Cana | veral Marine Center LLC |
|--|--|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | any: |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | same as above |
| June 14, 2005 | L05000058661 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Dept. of State: |
| Registered Agent: | John C. Swanson |
| Registered Office Address: | 909 10th Street South Suite 105 Naples, FL 34102 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office address: |
| NEW Registered Agent: | Walter A. Margerison |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 909 10th Street South Suite 105 Naples ,FL 34102 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company. | reet address of the registered office and the business |
| (Signature of a member or authorized representative of a member) | <u> </u> |
| John J. Goebel, authorized representative of member (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positiff. S. Or, if this document is being filed to merely reflect confirm that the limited hability company has been notif | |
| (Signature of Registered Agent) | AR S T |
| Division of Corporations, P.O. B FILING FI | Fox 6327, Tallahassee, FL 32314 0 EE: \$25.00 |
| INHS18 (05/08) | 유리 큐 |