L05000073055

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Marine Holdings Office Prope (Name of Lin	erties LLC mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	•	
Leslie N. Reizes, Esq.		
(Name of Person)		
Reizes Law Firm, Chartered		
(Firm/Company)		
1177 George Bush Boulevard, Suite 308		
(Address)		
Delray Beach, FL 33483		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Leslie N. Reizes	at (<u>561</u>) <u>276-2600</u>	
(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	

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 lin	nited liability company	is: Marine Holdings Office Properties LLC	
2. The mailing addres	ss of the limited liability	company is : 961 Iris Drive, Delray Beach, FL 33483	
07/26/2005		L05000073055	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the reg Florida Department	gistered agent and the re of State:	gistered office address as shown on the records of the	
•	Harold P. Lee		
		Name	
	7531 S. Oriole Blv	± #103	
		Address	
	Delray Beach, FL		
	Ci	ry, State and Zip	
6. The name and addre	ess of the new registered	agent and/or office:	
	Sharon Baker		
		Name	
	961 Iris Drive		
	Florida street addı	ess (P.O. Box NOT acceptable)	
	Delray Beach	FL 33483	
	City	, State and Zip	
confirmed that after the and the business office liability company, it is of the mentions of the or the operating agrees	e change or changes are e of the registered agent shereby confirmed that		
(Signature of a member of au	unorized representative of a me	noer)	
Guenther Moeckesch			
(Printed or typed name of sig	,,		
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf	opointment as registered sions of all statutes rela and decept the obligat if this document is bein irm that the limited liab	l agent and agree to act in this capacity. I further agree to live to the proper and complete performance of my duties, ons of my position as registered agent as provided for in gifted to merely reflect a change in the registered office litty company has been notified in writing of this change of the spange of this change in the registered of this change of the change	
(Signature of Registered Age	nt)	——————————————————————————————————————	
Div	ision√of Corporations,	P.O. Box 6327, Tallahassee, FL 32314	
	FIL	NG FEE: \$25.00 ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀	
		₹ 87	

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