L05000000522

(Re	equestor's Name)						
(Ad	dress)	•					
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Do	cument Number)						
Certified Copies	ies Certificates of Status						
Special Instructions to Filing Officer:							
	9	9/18					

Office Use Only



900082281669

12/15/06--01020--009 **25.00

06 DEC 15 PM 3: 40

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations			
SUBJECT: Marine Holdings Cape Co	ral LLC		
	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 concernin	g this matter to the following:		
•			
Leslie N. Reizes, Esq.	· 		
(Name of Person)			
Reizes Law Firm, Chartered			
(Firm/Company)			
1177 George Bush Boulevard, Suite 3	08		
(Address)	· · · · · · · · · · · · · · · · · · ·		
Delray Beach, FL 33483			
(City/State and Zip Code)			
For further information concerning this ma	tter, please call:		
5	71		
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 follow	ing amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

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 limite	d liability company	is: Marine Holdings	Cape Coral LLC			
2. The mailing address of	the limited liability	company is : 961	Iris Drive, Delray	Beach, FL	33483	3
09/01/2005		LO	5000086522			
3. Date of filing/registrati	on in Florida	4. Document number				
5. The name of the registe Florida Department of S	red agent and the re	gistered office add	ress as shown o	n the record	ds of t	he
	Harold P. Lee					
		Name				
	7531 S. Oriole Blv	d #103				
		Address	_			
	Delray Beach, FL					
	Ci	ty, State and Zip				
6. The name and address of	of the new registered	d agent and/or offic	e:			
	Sharon Baker					
		Name				
-	961 Iris Drive	(D.O. D. NO.				
	Florida street addi	ress (P.O. Box NO '	l'acceptable)			
	Delray Beach	FL 33483				
	City	, State and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are the registered agent eby confirmed that ited liability compate of the limited liab	e made, the Florida will be identical. the change(s) was/ any or as otherwise ility company.	street address on the case of	of the regist of a Florida	ered o	office ed
(Signature of a melither or authorise	zed representative of a me	mber)				
Guenther Moeckesch						
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provision: and I am familiar with and Chapter 608, F.S. Or/if the address, I hereby confirm	ntment as registered s of all statutes rela l accept the obligat his document is bein that the limited liab	d agent and agree t tive to the proper a ions of my position ng filed to merely r ility company has t	o act in this cap nd complete pe as registered a eflect a change been notified in	pacity. I fur rformance of gent as pro- in the regis writing of i	rther a of my vided tered this h	ngree to duties, for in office name SC OC
(Signature of Registered Agent)						PET F
D ivision	n of Corporations,	•	illahassee, FL	32314	5	FILED ARY OF ST F CORPORA
	FIL	ING FEE: \$25.00			2	중유당
INHS18 (8/05)					ယ္	ST.