

LO6000023799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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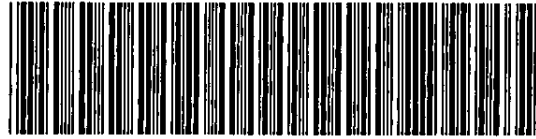
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

320
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: English Landing Marine Services LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gary Tebrugge

(Contact Person)

English Landing Marine Services LLC

(Firm/Company)

509 South Ponce de Leon Blvds LLC

(Address)

St. Augustine FL 32084

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Tebrugge

(Name of Contact Person)

at (904) 814 7168

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

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TALLAHASSEE, FLORIDA

**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: English Landing Marine Services LLC

2. The mailing address of the limited liability company is : 509 South Ponce de Leon Blvd.

St. Augustine, FL 32084

03/01/2006

L06000023799

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:

James H Sterling III

Name

509 South Ponce de Leon Blvd

Address

St. Augustine FL 32084

City, State and Zip

6. The name and address of the new registered agent and/or office:

Gary Tebrugge

Name

509 South Ponce de Leon Blvd

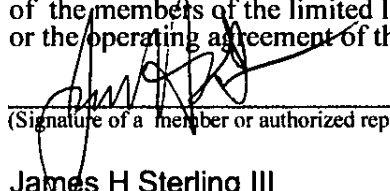
Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32084

City, State and Zip

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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 or authorized representative of a member)

James H Sterling III

(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.


(Signature of Registered Agent)

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