Florida Department of State

Division of Corporations Public Access System

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To: Division of Corporations Fax Number SFrom: Account Name Phone Fax Number

: (850)205-0380

: ZORRILLA & ASSOCIATES, P.L.

Account Number : 120060000091 : (305)860-3831 : (305)860-3832

REGISTERED AGENT CHANGE

MARINE TRADERS, LLC

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10/3/2006

OCT _ 4 2006

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

Pursuant to the provisions of sections 608.416 or liability company submits the following statement in agent, or both, in the State of Florida.	608.508, Florida Statutes, the undersigned l order to change its registered office or regi	imited stered
1. The name of the limited liability company is: Man	ine Traders, LLC	
2. The mailing address of the limited liability compar		·
Village of Palmetto Bay, FL 33157		·
March 21, 2006	L08000028714	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	l office address as shown on the records of the	
Maria Llord		
Nam	ric .	
5860 Paradise Point Drive	A SE	8
Addr	test F.C.	OCT F
Village of Palmetto Bay, Fi	L33157 子色	⊣ π
City, State	sand Zip	ムド
6. The name and address of the new registered agent a	L 33157 L and/or office:	E D
Wilfredo Padron	T.C.	<u></u>
Name	'oz	œ.
5856 Paradise Point Drive		- -
Florida street address (P.O). Box NOT acceptable)	
Village of Palmetto Bay, FL	33157	
City, State a	ind Zip	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the aperating agreement of the limited liability company or as or the aperating agreement of the limited liability company or as or the aperating agreement of the limited liability company or as or the aperating agreement of the limited liability company or a member of a member	the Florida street address of the registered offic identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative v otherwise provided in the articles of organizat	ote
Maria Llord (Printed or typed name of signee)		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the anall an fumiliar with and accept the obligations of m Chapter 608, A.S. Or, if this document is being filed to address. I hereby confirm that the limited liability com		se to ies, in ice ge.
(Signature of Regulation About) with faces U. VA	whole .	
Division of Corporations, P.O. Bo FILING FE		
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