## L0000043829

| (Re                                     | questor's Name)   | ·           |  |
|---|-------------------|-------------|--|
| (Ad                                     | dress)            | <u>,</u>    |  |
| . (Ad                                   | dress)            |             |  |
| (Cit                                    | y/State/Zip/Phone | ∋ #)        |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |
| (Ви                                     | siness Entity Nar | me)         |  |
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08/27/07--01019--013 \*\*25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2007

JOSEPH RILEY 109 OCEAN KEY WAY JUPITER, FL 33477

SUBJECT: OCEAN KEY AVIATION, LLC

Ref. Number: L06000043829

We have received your document for OCEAN KEY AVIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 807A00051681

07 SEP 13 AM II: 30
SECRETARY OF STATE

## **COVER LETTER**

| Division of Corporations   |   |  |
|--|---|--|
| SUBJECT: Ocean Key Aviation, LL  |   |  |
| (Name  | e of Limited Liability Company)   |  |
| Dear Sir or Madam:   |   |  |
| The enclosed Registered Agent/Register   | red Office Change and fee(s) are submitted for filing.  |  |
| Please return all correspondence concern   |   |  |
| Joseph Rite 167/14   |   |  |
| (Name of Person)   |   |  |
| Ocean Key Aviation, LLC  |   |  |
| (Firm/Company)   |   |  |
| 109 Ocean Key Way  | O7  |  |
| (Address)  | CRETARY LAHASSE   |  |
| Jupiter, FL 33477  | ASSE  |  |
| (City/State and Zip Code)  | To A IT   |  |
| For further information concerning this  | matter, please call:  |  |
| Joseph Rifety ///  | at ( 561 <u>)</u> 842-8090  |  |
| (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 follo  | owing amount:   |  |
| \$25 Filing Fee  | \$55 Filing Fee & Certified Copy  |  |

| liability company submits the follow agent, or both, in the State of Florida   | ing statement in order to change its regis   | tered official   |
|--|--|--|
| 1. The name of the limited liability c   | ompany is: Ocean Key Aviation LLC  |  |
|  | liability company is : 109 Ocean Key Way,  | Jupiter, FL 33477  |
| 4/26/2006  | L06000043829   | •  |
| 3. Date of filing/registration in Florid   | da 4. Document num   | ber  |
| 5. The name of the registered agent ar Florida Department of State:  | nd the registered office address as shown of   | n the records of the   |
| Corporate  | Creations Network, Inc.  | •  |
|  | Name   | t  |
| 11380 Pro  | sperity Farms Road #221E   | t  |
|  | Address  | <b></b>  |
| Palm Beac  | ch Gardens, FL 33410   | ASE OF   |
|  | City, State and Zip  | L CRI SET  |
| 6. The name and address of the new re  | egistered agent and/or office:   | HD - P   |
| Joseph Ril   |  | 3 H  |
| 109 Ocean  | Name<br>Kov Wov  | 75 =   |
|  | reet address (P.O. Box NOT acceptable)   | AM 11: 30<br>EE. FLORIG  |
| Jupiter  | FL 33477   |  |
| •  | City, State and Zip  | <del></del>  |
| confirmed that after the change or cha<br>and the business office of the registere<br>liability company, it is hereby confirm  |  | f the registered office of a Florida limited by an affirmative vote  |
| Joseph Riley   |  |  |
| (Printed or typed name of signee)  |  | •  |
| I hereby accept the appointment as re<br>comply with the provisions of all statu<br>and I am familiar with and accept the<br>Chapter 608, F.S. Or If this documen<br>address, I hereby confirm that the limi | egistered agent and agree to act in this cap<br>ties relative to the proper and complete per<br>obligations of my position as registered as<br>it is being filed to merely reflect a change i<br>ited ligoility company has been notified in | acity. I further agree to formance of my duties, rent as provided for in n the registered office writing of this change. |
| (Signature of Registered Agent)  | <del>/</del>   |  |
|  | , , , , , , , , , , , , , , , , , , ,  |  |
| Division of Corpor   | rations, P.O. Box 6327, Tallahassee, FL<br>FILING FEE: \$25.00   | 32314  |

INHS18 (8/05)