

L060000089748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2007

TRACEY SWITALA  
MARINE DOCTORS LLC  
2120 RANGE RD  
CLEARWATER, FL 33765

SUBJECT: MARINE DOCTORS LLC  
Ref. Number: L06000089748

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We have received your document for MARINE DOCTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 307A00047391

Marine Doctors LLC  
2120 Range Road  
Clearwater, FL 33765  
Phone: 727-531-7970  
Fax: 727-450-2177

August 3, 2007

To: Registration Section  
Division of Corporations

Subject: Marine Doctors LLC Change of Registered Agent  
Ref. Number: L06000089748

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We recently filed for a change of registered agent for Marine Doctors LLC and completed the wrong form. Enclosed is the correct form for a Limited Liability Company. We also sent a check for \$35.00 with the original form. The correct fee for a Limited Liability Company is \$25.00; therefore we are requesting a refund for the remaining \$10.00 overpayment. Please feel free to contact us if any further information is needed.

Sincerely,



Tracey Switala  
Office Manager  
Marine Doctors LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marine Doctors LLC  
(Name of 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 concerning this matter to the following:

Tracey Switala

(Name of Person)

Marine Doctors LLC

(Firm/Company)

2120 Range Road

(Address)

Clearwater, FL 33765

(City/State and Zip Code)

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For further information concerning this matter, please call:

Tracey Switala

(Name of Person)

at ( 727 )

531-7970

(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:**

☐ \$25 Filing Fee

☐ \$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 limited liability company is: Marine Doctors LLC

2. The mailing address of the limited liability company is : 2120 Range Road  
Clearwater, FL 33765

9/12/2006  
3. Date of filing/registration in Florida

L06000089748  
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:

Suzan Nolte  
Name  
2120 Range Road  
Address  
Clearwater, FL 33765  
City, State and Zip

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

Tracey Switala  
Name  
2120 Range Road  
Florida street address (P.O. Box NOT acceptable)  
Clearwater, FL 33765  
City, State and Zip

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)

Christopher King  
(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.*

Tracey Switala  
(Signature of Registered Agent)

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

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