2007 LIMITED LIABILITY COMPANY

FILED Mar 20, 2007 8:00 am Secretary of State 03-01-2007 90190 014 ****50.00

HERMANN, FRED L STREET ADDRESS ON 2ND TERRACE (KEY LARGE, FL 33037 ITILE MARK MERMANN, ROBERT A STREET ADDRESS CITY-S1-2P ITILE MARK MERMANN, ROBERT A STREET ADDRESS CITY-S1-2P ITILE MARK MERMANN, ELLEEN H STREET ADDRESS ON 2ND TERRACE STREET ADDRESS CITY-S1-2P ITILE MARK STREET ADDRESS CITY-S	DOCUMENT # L06000110527 1. Entity Name CONCH REPUBLIC CHARTERS LLC						03-01-20	007 90190 014 *	***50.00
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City & State Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
S. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is Not Acceptable) International Check payable to Florida Legal (P.O. Box Number is Not Acceptable) Make Check payable to Florida Legal (P.O. Box Number is N	Suite, Apt.	, etc.	Suite, Apt. #, etc.				-	, .	I
25 Country 26 Country 5, 00 Additional Fee Required	City & State		City & State		4. FEI Numb	5845 44			
HERMANN, ROBERT A 300 2ND TERRACE KEY LARGE, FL 33037 City FL Zip Code 6. The above named entity submiss this statement for the purpose of changing its registered clitical or registered agent, or both, in the State of Rovab. I an tamiliar with, and accept the obligations of registered agent. SIGNATURE FILING Fee is \$50.00 Due by May 1, 2007 FILING Fee is \$50.00 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OTH-51-7P TITLE MARK HERMANN, RED L MARK HERMANN, RED L MARK HERMANN, RED L MARK HERMANN, RED C OTH-51-7P KEY LARGE, FL 33037 TITLE MARK HERMANN, ROBERT A MARK HERMANN, ROBERT A MARK HERMANN, ROBERT A MARK HERMANN, RUBLEEN H MARK M	Zip	Country Zip Cour		Count	try	5. Certificate of Status Desired \$5.00 Additional			
Street Address (P.O. Box Number is Not Acceptable) City	6. Name and Address of Current Registered Agent								
E. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. I am familiar with, and access the obligations of registered agent, or both, in the State of Rords. Institute	300 2ND T	ERRACE	Street Address		(P.O. Box Numb	per is Not Acceptable	8)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	NET LARG	5E, FL 3303/						-	
the obligations of registered agent. SIGNATURE Signature Sig				ļ	City			FL Zip Coo	ie
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NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME STREET ADDRESS		☐ Delaiz	NAM STRE	ET ADDAESS			☐ Change	Addition
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