

**L07000048820**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2010 APR -5 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

APR 6 2010

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GULF MARINE TOWING 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:

THOMAS JACK BLACK

Name of Person

GULF MARINE TOWING LLC

Firm/Company

340-A GULF OF MEXICO DRIVE, UNIT 112

Address

SARASOTA, FL 34228

City/State and Zip Code

THE CAPTAIN IS BLACK @ COMCAST . NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANIS WILLIAMS

Name of Person

at ( 941 ) 954-4040

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. Name of the limited liability company: GULF MARINE TOWING LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

340-A GULF OF MEXICO DR. UNIT 112  
SARASOTA, FL 34228

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

340-A GULF OF MEXICO DR., UNIT 112  
SARASOTA, FL 34228

05/08/2007

L07000048820

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DAVID M. SILBERSTEIN

Registered Office Address:

PLAZA AT FIVE POINTS  
50 CENTRAL AVE., SUITE 700  
SARASOTA, FL 34236

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

THOMAS JACK BLACK

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

340-A GULF OF MEXICO DR., UNIT 112

SARASOTA, FL 34228

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.

Thomas Jack Black  
Signature of a member or authorized representative of a member

THOMAS JACK BLACK

Printed or typed name of signer

*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.*

Thomas Jack Black  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA