

LOT 000092401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

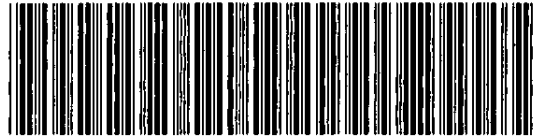
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LOT 000092401



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09 NOV - 3 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

NOV - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bayshore Travel, 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:

Colleen F. Slater
(Name of Person)

Bayshore Travel, LLC
(Firm/Company)

2008 Jefferson Ave.
(Address)

Dunedin, FL 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Slater at (727) 235-4300
(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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2008

COLLEEN F. SLATER
2008 JEFFERSON AVE.
DUNEDON, FL 34698

SUBJECT: BAYSHORE TRAVEL LLC
Ref. Number: L07000092401

We have received your document for BAYSHORE TRAVEL 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):

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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 608A00049056

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV -3 AM 8:50

FILED

Colleen Slater
2008 Jefferson Ave.
Dunedin, Fl 34698

October 27, 2008

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Dear Ms. Thomas:

Here is my application, resubmitted. I have already paid a \$35.00 fee in which the State of Florida has already cashed. I will be expecting a \$10.00 refund upon filing of this form. Thank you for all your help.

Sincerely,


Colleen F. Slater

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -3 AM 8:50

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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: Bayshore Travel, LLC
2. (a) Principal office address of limited liability company: 2008 Jefferson Ave
Dunedin, FL
34698
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 2008 Jefferson Ave.
Dunedin, FL
34698
(Note: **MAY BE POST OFFICE BOX**)
- L07000092401

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:

Jon K. Frazee

Registered Office Address:

4601 Central Ave
St. Pete, FL
33713

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

NEW Registered Agent:

Colleen F. Slater

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2008 Jefferson Ave
Dunedin, FL 34698

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TALLAHASSEE, FLORIDA

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.

Colleen F. Slater
(Signature of a member or authorized representative of a member)

Colleen F. Slater
(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.

Colleen F. Slater
(Signature of Registered Agent)

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

FILING FEE: \$25.00