

FILED
Apr 30, 2008 8:00 am
Secretary of State

60034383


04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-1239604	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DOCUMENT # L07000102453

1. Entity Name
BAREFOOT ISLAND CHARTERS, LLC



Principal Place of Business
135 ORNAGE ST.
PALM HARBOR, FL 34683

Mailing Address
150 BANYAN BAY DR.
ST. PETERSBURG, FL 33705

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

5. Name and Address of Current Registered Agent
VALENTIN, RANDOLPH W
3687 DORAL STREET
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City State Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
MGR VALENTIN, RANDOLPH W 3687 DORAL STREET PALM HARBOR, FL 34685
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-STATE-ZIP
150 BANYAN BAY DRIVE ST PETERSBURG, FL 33705
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further 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 oath; 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 908, Florida Statutes.

SIGNATURE: [Signature] 4/09/08 727 742 8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #