

L090000036228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Blue Yacht Sales, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul B. Boyd

Name of Person

Ocean Blue Yacht Sales, LLC

Firm/Company

c/o Fox, Wackeen, et al., 3473 SE Willoughby Blvd.

Address

Stuart, Florida 34994

City/State and Zip Code

bboydobys@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul B. Boyd

at (772)

359-5547

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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: Ocean Blue Yacht Sales, LLC

SECOND: The Florida Document number of the limited liability company is: L09000036228

THIRD: The street address of the limited liability company's principal office is:

420 SW Federal Highway

Stuart, Florida 34994

The mailing address of the limited liability company's principal office is:

420 SW Federal Highway

Stuart, Florida 34994

FOURTH: The date the statement of authority became effective is: 07/20/15

FIFTH: The statement of authority is cancelled.

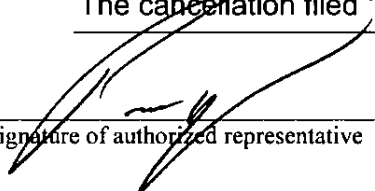
OR

The amendment to the statement of authority is

The Statement of Authority dated 07/20/15 is reinstated.

Joseph Yeni did not have authority to cancel it.

The cancellation filed 11/04/15 is void and of no effect.



Signature of authorized representative

Paul B. Boyd, Sole Manager

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA
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