

LS9000/07750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

DEC 17 2010

EXAMINER



100188708311

12/16/10--01003--013 \*\*25.00

FILED  
10 DEC 16 1  
SECRETARY OF  
TALLAHASSEE, FLA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Water Painting, 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:

Deborah Phipps  
Name of Person

Blue Water Painting, LLC  
Firm/Company

1469 SW Ibis St.  
Address

Palm City, FL 34990  
City/State and Zip Code

dkodis@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Phipps at (112) 678-8065  
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

**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: Blue Water Painting, LLC.

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

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

1469 SW 1bis St.  
Palm City, FL 34990

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

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

1469 SW 1bis St.  
Palm City, FL 34990

11/6/09  
3. Date of filing/registration in Florida

LOA000101150  
4. Document number

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

Registered Agent:

Deborah Phipps

Registered Office Address:

800 NW Fork Rd #3-A  
Gunn, FL 34905

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

**NEW Registered Agent:**

Deborah Phipps

**NEW Registered Office Address:**

1469 SW 1bis St.

**(MUST BE FLORIDA STREET ADDRESS)**

Palm City, FL 34990

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.

[Signature]  
Signature of a member or authorized representative of a member

DEBORAH PHIPPS  
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.

Deborah Phipps  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

2010-2011

**MARTIN COUNTY ORIGINAL  
BUSINESS TAX RECEIPT****HONORABLE RUTH PIETRUSZEWSKI, TAX COLLECTOR**  
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994  
(772) 288-5604

LICENSE 2010-518-1220 CERT MCPTG6114

PHONE (772) 678-8359 SIC NO 238320

LOCATION:

800 NW FORK RD 3-9

**CHARACTER COUNTS IN MARTIN COUNTY**

PREV YR.	\$ .00	LIC. FEE	\$ 26.25
	\$ .00	PENALTY	\$ .00
	\$ .00	COL. FEE	\$ .00
	\$ .00	TRANSFER	\$ .00

TOTAL 26.25

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION

OF PAINTING CONTRACTOR

AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

27 DAY OF AUGUST 2010

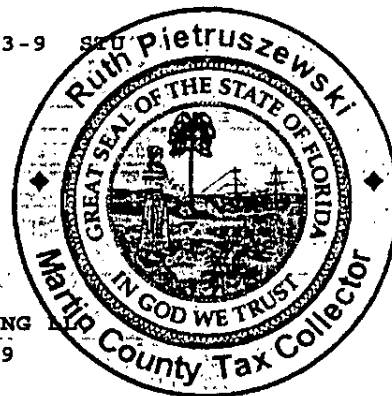
AND ENDING SEPTEMBER 30, 2011

PHIPPS, JOEL

BLUE WATER PAINTING

800 NW FORD RD 3-9

STUART, FL 34994



11 2009 40576.0001

26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS  
SUBJECT TO A \$250 FINE. IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10%  
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH  
THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.NOTE — A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS LICENSE EXHIBITED  
CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.