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Office Use Only



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T. CLINE

FEB 2 3 2010

EXAMINER

COVER LETTER

Division of	of Corporations				
SUBJECT:	LN	l Yacht	Services, LI	LC.	
	Name of	î Limited	Liability Comp	oany	
Dear Sir or Mada	nm:				
The enclosed Reg	gistered Agent/Registered	Office C	Change and fee(s	s) are submitted	I for filing.
Please return all o	correspondence concernin	g this ma	atter to the follo	wing:	
	Michel Torbey				
	Name of Person				2010 SEI
1	_M Yacht Services,LLC	<u>-</u>	· 	•	2010 FEB 22 SECRETARY ALLAHASSE
	The secondary				22 A
	4452 Timber Bluff Ct			· · · · · · · · · · · · · · · · · · ·	F STAT
*	Address			• • .	AN II: 18 OF STATE E. FLORIDA
	Jacksonville,FL 3224				
	City/State and Zip Code				
	•				
	m_torbev@vahoo.com				
E-mail address:	m torbey@yahoo.com (to be used for future annual repor	t notificatio	n)		
For further inform	mation concerning this ma	atter, plea	ase call:		
M	ichel Torbey	at (904_)	534-31	
Na	ame of Person		Area Code	& Daytime Telepho	ne Number
Registratio			MAILING ADDRESS: Registration Section		
	of Corporations		Division of Corporations		
Clifton Bu	uilding cutive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
	ee, Florida 32301		i alialiassee, i	rioliua 32314	
Enclosed	is a check for the follow	ing amo	ount:		
✓ \$25 Fi	ling Fee		\$55 Filing	Fee & Certifie	і Сору

TO: Registration Section

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:	LM Yacht Services.	LLC.		
2. (a) Principal office address of limited liability compa	ny: 3141 Kerna	n Lake Cr, # 104		
(Note: MUST BE STREET ADDRESS)	Jacksonville, FL 3224	6		
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	3141 Kernan Lake Cr, Jacksonville, FL 32246	3		
01/13/2010	L1000000	ASS 00 TO		
3. Date of filing/registration in Florida	4. Document number	EB 2		
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida	Deof. of State:		
Registered Agent:	Michel Torbey	Tres E		
Registered Office Address:	4452 Timber Bluff Ct Jacksonville, FL 3222	32 in a second s		
NEW Registered Agent:	Michel Torbey			
NEW Registered Agent:	Michel Torbey			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3141 Kernan Lake Cr. # 104			
	Jacksonville,			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the ntical. Or, in the case of a less was/were authorized by erwise provided in the artic	e registered office		
Michel Torbey				
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	agree to act in this capacity or oper and complete perform to sition as registered agent nerely reflect a change in the lay has been notified in writing has been notified.	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change.		
Signature of Registered Agent				

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