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D. BRUCE
NOV 2 8 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2011

MIKE MCGUIGAN 18196 DEEP PASSAGE LANE FORT MYERS BEACH, FL 33931

SUBJECT: CHANNEL MARK HOLDINGS, LLC

Ref. Number: L10000058267

We have received your document for CHANNEL MARK HOLDINGS, 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 or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00025663

11 NOV 23 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORID,

COVER LETTER

Division of Corporations
SUBJECT: Channel Mark Holdings, LCC 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:
Michael B. McGuigan Name of Person
Firm/Company
18196 Deep Passage Ln.
Address HASSEE OF STATE City/State and Zip Code Address T. Myers Beach, FL 33931 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike McGuigan at (239) 822-1888 Name of Person at (239) 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 \$25 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:	1 10 0 1/11 1 0 //0
	, A
2. (a) Principal office address of limited liability company	, , , , , , , , , , , , , , , , , , ,
(Note: MUST BE STREET ADDRESS)	Ft. Wyers Beach, FL 33931
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same as above
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Balanes Truxton, P.A.
Registered Office Address:	12800 University Drive Suite 350 Fort Myers, Florida, 33907 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	N Registered Office address: Michael MiGuigan
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18196 Deep Assoge Lane Fort Myers Beach, FL FL 33931
If the limited liability company is not organized under the longitude that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Milliam Signature of a member or authorized representative of a member Milliam S. M. Guigan Printed or typed name of signee	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prount and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company with the company of Registered Agent	gree to act in this capacity. Usurther agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registated office has been notified in writing of this change.
Division of Cornorations, P.O. Box 63	27. Tallahassee. FL 32314

(Please Refund 10.00 for overpayment.)