

L11000054611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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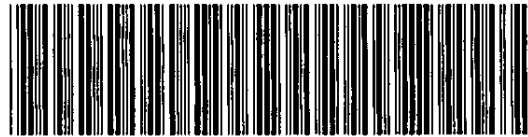
(Business Entity Name)

(Document Number)

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SEP - 6 2013

T HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRIMSON OCEAN, 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:

**ADALBERTO LOPEZ**

Name of Person

Firm/Company

**10871 NW 4TH DR**

Address

**CORAL SPRINGS, FL 33071**

City/State and Zip Code

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

For further information concerning this matter, please call:

**ADALBERTO LOPEZ** at ( **954** ) **600-7769**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 SEP -5 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 14, 2013

ADALBERTO LOPEZ  
COQUI INCOME TAX & ACCOUNTING SVCS  
10871 NW 4TH DR  
CORAL SPRINGS, FL 33071

SUBJECT: CRIMSON OCEAN, LLC  
Ref. Number: L11000054611

We have received your document for CRIMSON OCEAN, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 413A00019444

**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: CRIMSON OCEAN, LLC

2. (a) Principal office address of limited liability company: C/o ADALBERTO LOPEZ  
**(Note: MUST BE STREET ADDRESS)** 10871 NW 4TH DR  
CORAL SPRINGS, FL 33071

(b) Mailing address of limited liability company: C/o ADALBERTO LOPEZ  
**(Note: MAY BE POST OFFICE BOX)** 10871 NW 4TH DR  
CORAL SPRINGS, FL 33071

04/18/2012

L12000052905

3. Date of filing/registration in Florida

4. Document number

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

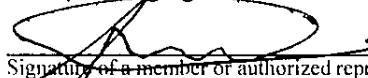
Registered Agent: SUPRASKI, LOUIS A  
Registered Office Address: 2450 MIAMI GARDENS DRIVE  
2ND FLOOR  
MIAMI, FL 33180

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

NEW Registered Agent: ADALBERTO LOPEZ

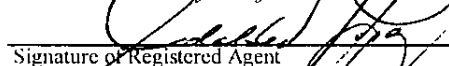
NEW Registered Office Address: 10871 NW 4TH DR  
**(MUST BE FLORIDA STREET ADDRESS)** CORAL SPRINGS, FL 33071

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 of a member or authorized representative of a member

JUAN M. MARTORELL, PRESIDENT MEMBER  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
13 SEP -5  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314