

L130000413498

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120X6217
Fax Number : (954)333-2132

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AILYN@TAPLINFALLSLTD.COM

GM FILE 31028.0006

**LLC REGISTERED AGENT CHANGE
MARINA RESORTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2025 FEB 11 AM 11:02

STATE OF FLORIDA

CLERK OF THE
SOLICITOR GENERAL
STATE OF FLORIDA

2025 FEB 10 AM 10:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARINA RESORTS, 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:

Ailyn Gonzalez

Name of Person

FALLS MANAGEMENT CO.

Firm/Company

13651 NW 4th Street

Address

Pembroke Pines, FL 33028

City/State and Zip Code

Ailyn@taplinfallsllc.com

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

For further information concerning this matter, please call:

Ailyn Gonzalez

at (954) 437-1435

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2025 FEB 10 AM 10:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: MARINA RESORTS, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

13651 NW 4th Street

13651 NW 4th Street

Pembroke Pines, FL 33028

Pembroke Pines, FL 33028

03/22/2013

1.13000043498

3. Date of filing/registration in Florida

4. Document number

5. (a) Jennifer Rachel Szalas

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13651 NW 4th Street, Pembroke Pines, FL 33028

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13651 NW 4th Street

Pembroke Pines, FL 33028

(b) Ailyn Gonzalez

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

13651 NW 4th Street, Pembroke Pines, FL 33028

NEW Registered Office Address:

13651 NW 4th Street

Pembroke Pines, FL 33028

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.

Jack Taplin, Managing Member

Signature of a member or authorized representative of a member

Jack Taplin, Managing Member

Printed or typed name of signee

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 605, 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.

Ailyn Gonzalez

Signature of Registered Agent

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CLERK OF STATE
TALLAHASSEE, FL 32309