L13000090005

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SECRETARY OF STATE

JUL 16 2013 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MOONSAIL EAST LCC Name of Limited Liability	y Company	-	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	e following:		
Lisa Thiessen Name of Person			
Moonsail East LLC			
Firm/Company	SEC	2013	
4532 W. Kennedy Blvd., STE 106	AHAS	70 JUL 15	7
Tampa, FL 33609	TARY OF STATE	15 PM 1: 17	
City/State and Zip Code dbthiessen@gmail.com	RIDA	: 17	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Lisa Thiessen at 310	383-6800	-	
Name of Person Ar	ea 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. Na	me of the limited liability company: Moonsail East LL	<u>c</u>			
2. (a)	Principal office address of limited liability compa				
	(Note: MUST BE STREET ADDRESS)	Suite 106 Tampa, FL 33609			
		Тапфа, FL 33609			
(b)	Mailing address of limited liability company:	4532 W. Kennedy Blvd			
(Note: MAY BE POST OFFICE BOX)		Suite 106			
	1. 100 01 01 100 011	Tampa, FL 33609			
June 21	, 2013	L1300009005			
3. Dat	te of filing/registration in Florida	4. Document number			
5. (a)	Registered Agent and Registered Office shown of	on the records of the Florida	a Dept. of	State:	
	Registered Agent:	Jim Sauers	FAL:	≆	
				ىن ش	
	Registered Office Address:	441 - 47th Street North		<u> </u>	
		St. Petersburg, FL 33173			
			- 65 70 - 65 70	ာ	
					
(b)	Enter name of NEW Registered Agent and/or N	EW Registered Office ad	dress.co	-	(mm)
(-)			DR T	==	****
	NEW Registered Agent:	Donald Thiessen			
			₽		
	NEW Registered Office Address:	4532 W. Kennedy Blvd.			
	(MUST BE FLORIDA STREET ADDRESS)	Suite 106			
		Tampa	,FI	_ <u>33609</u>	
confirmand the liability the method the op-	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ideally company, it is hereby confirmed that the change embers of the limited liability company or as other erating agreement of the limited liability company or as other erating agreement of the limited liability company and the erating agreement of the limited liability company and the erating agreement of the limited liability company and the erating agreement of the limited liability company and the erating agreement of the limited liability company and the erating agreement of the limited liability company are of a member or authorized representative of a member	Florida street address of the case of a control of the case of	he register Florida li an affirm	red offici imited native vo	ote of
	Thiessen	<u></u> _			
	or typed name of signee				
I here compl and I d Chapt addres	by accept the appointment as registered agent and with the provisions of all statutes relative to the am familiar with and accept the obligations of my er 608, F.S. Or, if this document is being filed to its, I hereby confirm that the limited liability compa	l agree to act in this capac proper and complete perfo position as registered ager nerely reflect a change in t any has been notified in wr	ity. I furth rmance of it as provi the registe riting of th	her agra f my dui ided for ered off is chan	ee to lies, in ice ge.

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

Signature of Registered Agent