

LB000132231

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2017

NADINE MACON
1044 N. US HWY 1, SUITE 101
JUPITER, FL 33477

SUBJECT: BERMUDA BAY ASSOCIATES, LLC
Ref. Number: L13000132231

We have received your document for BERMUDA BAY ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L16000022695.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 717A00010769

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bermuda Bay Associates, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nadine Macon
Name of Person

Index Investment Group
Firm/Company

1044 N. US HWY One, Suite 101
Address

Jupiter FL 33477
City/State and Zip Code

nadine.macon@indexinvest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadine Macon at (561) 529-6385
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Index Management
Services LLC
1044 N. U.S. Highway 1
Suite 101
FL 33477
USA

Contact
Tel: +1-561-529-6385
Fax: +1-561-208-6188

www.indexinvest.com

June 6, 2017

VIA US Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Westshore Pointe, LLC
Document Number: L16000022695

To whom it may concern,

Pursuant to Florida Statutes Section 605.0709(3), I have been appointed as legal representation for the last member for Westshore Pointe, LLC and hereby act as the Manager of Westshore Pointe, LLC to wind-up the company's affairs.

Westshore Pointe, LLC has been administratively dissolved and hereby provides the Department of State with formal notice that Westshore Pointe, LLC has no intention of reinstating and therefore releases the name for use to another entity.

Sincerely,

INDEX MANGEMENT SERVICES, LLC

Nadine C. Macon, Esq.

General Counsel

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bermuda Bay Associates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/18/2013 and assigned Florida document number L13000132231.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Westshore Pointe, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1044 N. US HWY One
Suite 101
Jupiter, FL 33477

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1044 N. US HWY One
Suite 101
Jupiter, FL 33477

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Index Management Services LLC

New Registered Office Address:

1044 N. US HWY One, Suite 101

Enter Florida street address

Jupiter

City

Florida 33477

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

B Borg

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Index Management Services, LLC	1044 N. US HWY One, Suite 101	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Coley, Richard T, Sr.	307 South Boulevard	<input type="checkbox"/> Add
		Suite A	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____


Signature of a member

Bjarne Borg

Typed or printed name of signee