L14000194042

(Re	questor's Name)	.			
(Requestors Name)					
(Address)					
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(0-					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations						
Division of Corporations						
SUBJECT: Water Sp	orts 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:						
Michael K. Singh						
Name of Person						
WATER SPORTS LLC						
Firm/Company						
3201 State Road 84						
Address						
Davie, Florida 33312						
City/State and Zip Code						
Chyrotato and Esp code						
admin@roscioliyachting.com						
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	, please call:					
Michael K. Singh	at (_954)581-9200					
Name of Person	Area Code & Daytime Telephone Number					
	, ,					
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section						
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

TO:



June 18, 2015

MICHAEL K SINGH 3201 STATE RD 84 DAVIE, FL 33312

SUBJECT: WATER SPORTS, LLC Ref. Number: L14000194042

We have received your document for WATER SPORTS, LLC and your check(s) totaling \$85.00. 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 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.

Letter Number: 515A00012798

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

Water Sports, LLC

3201 State Road 84 Fort Lauderdale, FL 33312

Telephone: (954)-581-9200 Fax: (954)-791-0958

June 24, 2015

Ms. Tammy Hampton Regulatory Specialist III Department of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Water Sports LLC

L14000194042

Dear Ms. Hampton:

Attached please find the following documentation:

 Form - Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company to the new Registered Agent, Heather Frusterio for Water Sports LLC.

2. Copy of your cover letter dated June 18, 2015.

Please do not hesitate to contact me should you have any questions.

Sincerely,

wat kr sports llo

Michael K. Singh

Chief Financial Officer

MKS: cw

Enclosures

SECRULARY OF STATE
SHORT AREASTER FOR ORD

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. N	ame of the limited liability company:WATER	R SPORTS LLA	<u> </u>	
2. (a)		(b)		
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	of limited liability company: SE POST OFFICE BOX)
	3201 State Road 84		3201 State Ro	oad 84
	Davie, FL 33312		Davie, FL	33312
	12/22/14		L14000194042	
3.	12/22/14 Date of filing/registration in Florida	4.	Document nu	mber
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
	Sharon Roscioli			TARE SE
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		三 三
	3201 State Road_84			N 30 A
	Davie , F	_L 33312		FILL BY 8: 20 IS JUN 30 AM 8: 20 SECRETARY OF STATE TALLAHASSEE, FLORI
				STA STA
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:		A DE CO
	Enter findice of the first registered regime and or the first registered	tu omet aguress.		v
	Heather Frusterio			
	NEW Registered Office Address:			
	3201 State Road 84			
	Davie, F	_L 33312		
16 dl 13	imited liability company is not organized under the l			by confirmed that after
the cha agent v was/we	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compar of the limited l	office and the busin ny, it is hereby confir iability company or a	ess office of the registered med that the change(s)
1	eather Frusterio	Hea	ather Frusteric)
_	ure of a member or authorized representative of a member	<u></u>	Printed or typed	•
I herel proviși the obli to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address, in I in writing of this change.	gree to act in thi e performance of led for in Chapte I hereby confirm	is capacity. I further of my duties, and I ar er 605, F.S. Or, if th 1 that the limited liab	agree to comply with the n familiar with and accept is document is being filed wilty company has been
Signatur	e of Revisiered Agent			