

L15000 013 203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

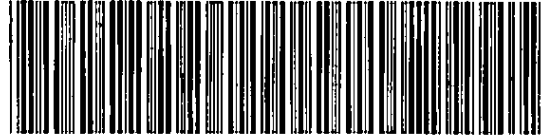
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 16 PM 11:00

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SEP 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aligned Bayshore Marina 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:

Aligned Bayshore Marina LLC

Name of Person

Aligned Bayshore Marina LLC

Firm/Company

2550 S Bayshore Dr Suite 208

Address

Miami, FL 33133

City/State and Zip Code

lcuenca@primemarina.com

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

For further information concerning this matter, please call:

Lizeth Cuenca at (305) 858-9895
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

September 4, 2019

ALIGNED BAYSHORE HOLDINGS LLC
2550 S BAYSHORE DR STE 208
MIAMI, FL 33133

SUBJECT: ALIGNED BAYSHORE MARINA LLC
Ref. Number: L15000013203

We have received your document for ALIGNED BAYSHORE MARINA LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 919A00018180

**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: Aligned Bayshore Marina LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2550 S Bayshore Dr Suite 208

Miami, FL 33133

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2550 S Bayshore Dr Suite 208

Miami, FL 33133

2/8/2019

L15000013203

3. Date of filing/registration in Florida

4. Document number

5. (a) Kriss, Ronald A

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

Stroock & Stroock & Lavan LLP

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

200 S Biscayne Blvd Ste 3100

Miami, FL 33131

(b)

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

Lizeth Cuenca

NEW Registered Office Address:

2550 S Bayshore Dr Suite 208

Miami, FL 33133

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]
Signature of a member or authorized representative of a member

Renee Asher
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.

[Signature]
Signature of Registered Agent

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