

L99000002961

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

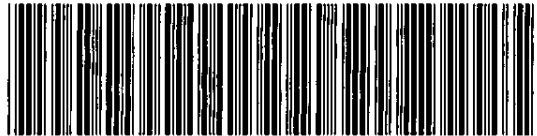
Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

APR 14 2009

**EXAMINER**



800149611578

04/13/09--01036--013 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 APR 13 PM 12:01

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Westport Holdings PBB, 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:

John Gary  
(Name of Person)

Gary, Dytrych & Ryan  
(Firm/Company)

701 US Highway One S. 402  
(Address)

North Palm Beach, FL 33408  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Rosser at (561) 624-1225  
(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

**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. Name of the limited liability company: Westport Holdings P/B, LLC
2. (a) Principal office address of limited liability company: 11360 N Jog Rd. S. 102  
(Note: **MUST BE STREET ADDRESS**) Palm Beach Gardens, FL 33418
- (b) Mailing address of limited liability company: cb Gary, Dytrych & Ryan  
(Note: **MAY BE POST OFFICE BOX**) 701 US Highway One, S. 402  
North Palm Beach, FL 33408
3. Date of filing/registration in Florida: 05/24/1999
4. Document number: L 99000002961

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Lawrence L. Landry  
3801 PGA Blvd. S. 805  
Palm Beach Gardens, FL 33410

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

John Gary  
701 US Highway One, S. 402  
North Palm Beach, FL 33408

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.

Susan Rosser  
(Signature of a member or authorized representative of a member)

Susan Rosser, Controller  
(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 608, 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