

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M00000000147

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120 X6217
Fax Number : (954)333-2132
GM FILE NO. 36704.0012

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: thefallsmb@taplinktd.com

**LLC REGISTERED AGENT CHANGE
HOTEL AT MARINA BAY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2024 APR -8 PM 6:08

APR 8 2024

RECEIVED

2024 APR -8 PM 3:30

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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APR 09 2024
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOTEL AT MARINA BAY 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:

JENNIFER RACHEL SZALAS

Name of Person

TAPLIN DEVELOPMENT CORPORATION

Firm/Company

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

JACK@TAPLINFALLSLTD.COM

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

For further information concerning this matter, please call:

Jennifer Szalas

954

437-1435

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: HOTEL AT MARINA BAY LLC
2. (a) 13651 N.W. 4TH STREET, PEMBROKE PINES, FL 33028
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 13651 N.W. 4TH STREET, PEMBROKE PINES, FL 33028
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 09/19/2022
Date of filing/registration in Florida
4. M00000000147
Document number
5. (a) LILIAN GIL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13651 N.W. 4TH STREET, PEMBROKE PINES, FL 33028
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13651 N.W. 4TH STREET
PEMBROKE PINES, FL 33028
- (b) Jennifer Rachel Szalas
Enter name of NEW Registered Agent and/or NEW Registered Office address:
13651 N.W. 4TH STREET, PEMBROKE PINES, FL 33028
NEW Registered Office Address:
13651 N.W. 4TH STREET
PEMBROKE PINES, FL 33028

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 of a member or authorized representative of a member:

JACK TAPLIN, MEMBER

Printed or typed name of signer

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 of Registered Agent:

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

2024 APR -8 PM 6:08