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Office Use Only



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DIVISION OF STATE STATE

B. KOHR

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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		, OR 2
SUBJ		Island Performance, LLC e of Limited Liability Company	7 1
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence conce	rning this matter to the following:	
	Jennifer MH Parke	er	
	Name of Person		
	Island Performance, Firm/Company	LLC	
	6510 Sable Ridge La Address	ane	
······	Naples, FL 34109 City/State and Zip Code	3	
E.	jennifer@meadowbreezef	arm.com eport notification)	
For fu	rther information concerning this	matter, please call:	
	Jennifer MH Parker	at (603) 234-9521	
	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	owing 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.

Name of the limited liability company:	Island Performance, LLC
2. (a) Principal office address of limited liability compa	ny: 54 Hare Farm Road
(Note: MUST BE STREET ADDRESS)	Moultonborough, NH 03254
(b) Mailing address of limited liability company:	54 Hare Farm Road
(Note: MAY BE POST OFFICE BOX)	Moultonborough, NH 03254
12/06/01	M01000002737
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CT Corporation
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Jennifer M.H. Parker
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6510 Sable Ridge Lane Naples, FL 34109
	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of ammber or authorized representative of a member Tennitory with the provisions of all statutes relative to the parallel and the provisions of all statutes relative to the parallel am familiar with and accept the obligations of my parallel and the provisions of the parallel and the parallel and the provisions of the parallel and	
Signature of Registered Agent	

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

INHS18 (05/08)