

1107 000006533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

APR - 8 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR - 7 AM 10:53

FILED



**NRAI
CORPORATE
SERVICES**
An NRAI Solutions Company

April 1, 2010

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: Change of Agent filings for the entities listed below
Our order # PS/CS-10-0110

ERA MED LLC - DE	FL	M07000006533
LONE STAR MARINE SERVICES, INC. - FL	FL	P98000021929
SEABULK ENERGY TRANSPORT INC - FL	FL	P04000011445
SEABULK INTERNATIONAL INC - DE	FL	F00000000026
SEABULK MARINE SERVICES - FL	FL	P94000057988
SEABULK OCEAN TRANSPORT INC - FL	FL	P04000011454
Seabulk Petroleum Transport, Inc. - FL	FL	P04000013265
SEABULK TANKERS INC - DE	FL	F01000002380
SEABULK TOWING INC - DE	FL	P12757
SEABULK TOWING SERVICES INC - FL	FL	P98000019221
SEACOR ENERGY INC - DE	FL	F08000001921
SEACOR PAYROLL MANAGEMENT LLC - DE	FL	M04000005437

Dear Sir/Madam:

I now enclose the required forms to change the agent on behalf of the above named companies in your state.

We also enclose check(s) in payment of your fees.

Please file the enclosed as soon as possible, returning evidence to the undersigned.

If for any reason filing(s) cannot be completed, please let me know by calling our toll number 877-261-6823 x 1759.

Best regards,


Peter F. Souza
Vice President/Senior Corporate Specialist

FILED
20 APR - 7 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERA MED 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:

Peter F. Souza

(Name of Person)

NRAI Corporate Services, LLC

(Firm/Company)

2731 Executive Park Drive, Suite 4

(Address)

Weston, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza

(Name of Person)

at (877) 261-6823 x 1759

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. The name of the limited liability company is: ERA MED LLC
2. The mailing address of the limited liability company is : _____

- 11/2/2007 M07000006533
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

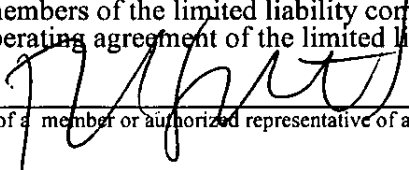
FLORIDA FILING & SEARCH SERVICES, INC.
Name
155 OFFICE PLAZA DRIVE, SUITE A
Address
TALLAHASSEE, FL 32301
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FL 33331
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

Tony Smith, Assistant Secretary
(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.
NRAI Services, Inc.

(Signature of Registered Agent)
Peter F. Souza, Assistant Secretary

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