

M09000000573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

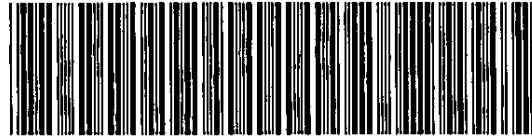
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECTION OF 1 17 FEB 2017

17 FEB -2 PM 3:03

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2017

LESLIE ALLEN
2080 WILD ACRES RD
LARGO, FL 33771

SUBJECT: HAKE MARINE LLC
Ref. Number: M09000000573

RECEIVED
2017 FEB -2 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HAKE MARINE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 917A00001455

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAKEMARINE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LESLIE ALLEN
Name of Person

HAKEMARINE LLC
Firm/Company

2000 WILD ACRES RD.
Address

LARGO, FL 33771
City/State and Zip Code

leslie@hakemarine.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE ALLEN at (760) 445-4693
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hake Marine LLC

Enter new principal office address, if applicable: 1979 Wildacres Rd

LARGO FL 33771
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 1979 Wildacres Rd

LARGO FL 33771
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: MO9000000573

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 2/10/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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17 FEB -2 PM 3:03

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Changing Owners of Business

Title/ Capacity	Name	Address	Type of Action
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MGR	Darrell Allen	1979 Wildacres Rd LARGO FL 33771	<input checked="" type="checkbox"/> Add
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☐ Remove

MGR	Leslie Allen	1979 Wild Acres Rd LARGO FL 33771	<input checked="" type="checkbox"/> Add
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☐ Remove

MGR	Teodor H. Gelou	14300 Clay Terrance Blvd Ste 249 Carmel, In 46032	<input type="checkbox"/> Add
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☒ Remove

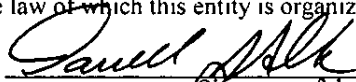
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

DARRELL J. ALLEN

Typed or printed name of signee

Filing Fee: \$25.00

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