

MO9 00000 4709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 FEB 12 PM 4:00
ALABAMA SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

FEB 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Charters Exclusive LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristina Denegre
Name of Person

Firm/Company

112 Andre mar
Address

Ft Myers Beach FL 33931
City/State and Zip Code

cdenegre@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristina Denegre at (239) 405-2060
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB 12 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 27, 2016

CRISTINA DENEGRE
112 ANDRE MAR
FT MYERS BEACH, FL 33931

SUBJECT: PARADISE CHARTERS EXCLUSIVE, LLC
Ref. Number: M09000004709

We have received your document for PARADISE CHARTERS EXCLUSIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00001758

2016 FEB 12 PM 4:01
TALLAHASSEE, FLORIDA

**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: Paradise Charters Exclusive LLC

Enter new principal office address, if applicable: 112 Andre mar

(Principal office address
MUST BE A STREET ADDRESS) Ft Myers Beach FL 33931

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) 112 Andre mar
Ft Myers Beach FL 33931

2. The Florida document number of this limited liability company is: M09000004709

3. Jurisdiction of its organization: Florida

4. Date authorized to do business in Florida: 1/21/16

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: Maria Cristina Denegre

New Registered Office Address: 112 Andre mar

Enter Florida Street Address

Ft Myers Beach, Florida 33931
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.

M C Denegre
If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Maria Cristina Denegre</u>	<u>112 Andre mer</u>	<input checked="" type="checkbox"/> Add
		<u>Ft Myers Beach FL</u>	<input type="checkbox"/> Remove
		<u>33931</u>	
<u>MBR</u>	<u>Michael Denegre</u>	<u>112 Andre mer</u>	<input checked="" type="checkbox"/> Add
		<u>Ft Myers Beach FL</u>	<input type="checkbox"/> Remove
		<u>33931</u>	
<u>AMBR</u>	<u>Julie Irwin</u>	<u>PO Box 111 119 Bucks Rd</u>	<input type="checkbox"/> Add
		<u>Paige TX 78659</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Shawn Cox</u>	<u>15590 Ocean Walk Cir #112</u>	<input type="checkbox"/> Add
		<u>Fort Myers FL 33908</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.

M C Denegre

Signature of the authorized representative

Maria Cristina Denegre

Typed or printed name of signee

2016 FEB 12 PM 4:01
FALL HARBOR, FLORIDA
SECRETARY OF STATE

Filing Fee: \$25.00