

M15000007557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

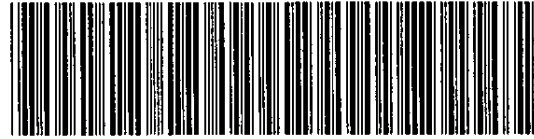
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -2 PM 2:40

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[Handwritten signature]
10/2/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2017

CASITA SIMPSON
1501 BISCAYNE BLVD. SUITE 501
MIAMI, FL 33132 US

SUBJECT: CRYSTAL CRUISES, LLC
Ref. Number: M15000007557

We have received your document for CRYSTAL CRUISES, 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 the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00019689

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRYSTAL CRUISES, 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:

Casita Simpson

Name of Person

Crystal Cruises, LLC

Firm/Company

1501 Biscayne Blvd. Suite 501

Address

Miami, FL 33132

City/State and Zip Code

csimpson@crystalcruises.com

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

For further information concerning this matter, please call:

Casita Simpson at (786) 971-1171

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

CR2B055 (9/15)

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: Crystal Cruises, LLC

Enter new principal office address, if applicable: 1501 Biscayne Blvd.

(Principal office address)

MUST BE A STREET ADDRESS

Suite 501

Miami, FL 33132

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M15000007557

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: September 22, 2015

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

5. New name of the limited liability company:

(must contain "Limited Liability Company," "LLC," or "CO.")

(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," "LLC," 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

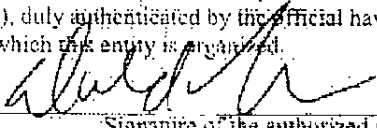
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TALLAHASSEE
FLORIDA

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>Edie Rodriguez</u>	<u>11755 Wilshire Blvd., Suite 900</u>	<input type="checkbox"/> Add
		<u>Los Angeles, CA 90025</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Lyall Duncan</u>	<u>1501 Biscayne Blvd. Suite 501</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33132</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Donald Mason</u>	<u>1501 Biscayne Blvd. Suite 501</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33132</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Thomas Wolber</u>	<u>1501 Biscayne Blvd. Suite 501</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33132</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jessica Hoppe</u>	<u>1501 Biscayne Blvd. Suite 501</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33132</u>	<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.


Signature of the authorized representative

Donald Mason

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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FAX MESSAGE

FROM: **Simpson, Casita**
TEL: **+1 (310) 785-9300**
FAX: **+1 (310) 789-5497**
DATE: **10/2/2017 2:26 PM**

TO:
COMPANY:
FAX #: **18502456030**
PAGES (INC. COVER PAGE): **4**

SUBJECT: **Attn. Judy Leggett//Crystal Cruises, LLC//Document # M15000007557**

Dear Judy:

Good afternoon Please find enclosed the Foreign LLC Amendment to Certificate of Authority to Transact Business in Florida. The application reflects the managers we would like to add and remove from the company.

Should you require any additional information, please feel free to call me or email.

Thank you.

Casita Simpson
Corporate Paralegal
1501 Biscayne Blvd. Ste 501
Miami, FL 33132
Tel: 786.971.1171
Fax: 310.843.9642
Cell: 305.680.7903
E: csimpson@crystalcruises.com

[Visit Crystal Cruises.com] <<http://www.crystalcruises.com/>>

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CORPORATE COUNSEL
TALLAHASSEE, FLORIDA