M2100000571

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/Elp/1 Notice ny
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JUL 3 0 2025 D CUSHING

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Classic Tacht Charter of terring 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: Name of Person
Joseph's Classic Market Firm/Company
Firm/Company 4409 Northako Blud Address Poly Beach Gardons, FL 33410
PolM Beach Gardens PL 33410 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Richard Cost Trajak at (973) 419-8431 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: \$\sigma \text{\$\subset}\$\$ \$\subsete \text{\$\subset}\$\$ \$\subsete \text{\$\subsete}\$\$ \$\subsete \text{\$\subsete}\$\$ \$\subsete \text{\$\subsete}\$\$\$ \$\subsete \text{\$\subsete}\$\$\$ \$\subsete \text{\$\subsete}\$\$\$\$ \$\subsete \text{\$\subsete}\$\$\$\$ \$\subsete \text{\$\subsete}\$\$\$\$\$ \$\subsete \text{\$\subsete}\$



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2025

JOHN ACIERNO CLASSIC YACHT CHARTER & CATERING LLC 4409 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410

SUBJECT: CLASSIC YACHT CHARTER & CATERING LLC

Ref. Number: M2100000571

We have received your document for CLASSIC YACHT CHARTER & CATERING 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 Limited Liability Company, but your entity is a Foreign Limited Liability Company. 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) 245-6050. Jan Past 60 D.15

Diane Cushing Operations Manager A

Letter Number: 525A00007900

Both of Serding

www.sunbiz.org

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 of	
State: Classic Yach+ C	Larter a Catoring LLC
Enter new principal office address, if applicable:	4409 Northlake Blud
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Palm Beach Gardens, FL 33410
· _	
Enter new mailing address, if applicable:	
<u>MAY BE A POST OFFICE BOX</u>)	2025
_	
2. The Florida document number of this limited liabil	ity company is:
3. Jurisdiction of its organization: Delawa	•
4. Date authorized to do business in Florida:	14/21
SECTION II (5-9 complete only the applicable cha	
5. New name of the limited liability company:	
(must co	ontain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted fo copy of the written consent of the managers or manag must contain "Limited Liability Company," "L.L.C."	r the purpose of transacting business in Florida and attach a ging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addr.	officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
Naur Pagistared Agent's Signature if shanning Danie	•
the provisions of all statutes relative to the proper and accept the obligations of my position as registere	and agree to act in this capacity. I further agree to comply with d complete performance of my duties, and I am familiar with ad agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited

itle/ Capacity	<u>Name</u>		pe of Actio
16R	Daniel Saros	4409 Nortlake Blua	_ □Add
		Palm Beach Gardens FL3.	3410 ARem
1GR	Daniel Saro	4409 Northloke Blue	
	Palm Brack Gardens, Fl 334	//o ^r □Rem	
			_ □Add
			_ □Rem
<u>_</u>	<u>. </u>		_ □Add
			_ □Rem
			_ □Ado
aforemention	a certificate, if required: no more the ned amendment(s), duly authentical ander the law of which this entity is	d by the official having custody of records in the	_ □Rem

Filing Fee: \$25.00