

MO7000004365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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S. HAWKES

JUN 28 2010

EXAMINER

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2010

JAY ALLEN  
15920 STAGS LEAP DR  
LUTZ, FL 33559

SUBJECT: PSYMON STARK NETWORK LLC  
Ref. Number: M07000004365

We have received your document for PSYMON STARK NETWORK LLC and your check(s) totaling \$35.00. 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.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 710A00015806

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PsyMon Stark Network 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:

Jay Allen  
Name of Person

PsyMon Stark Network LLC  
Firm/Company

15920 Stegg Leap Dr  
Address

Lutz, FL 33559  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jay Allen at ( 813 ) 789-7086  
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  
*Already Sent*

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: PsyMon Stark Network LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

15920 Stage Leap Dr  
Lutz, FL 33559

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

15920 Stage Leap Dr  
Lutz, FL 33559

6-12-2007

3. Date of filing/registration in Florida

4. Document number

MG7000004365

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Business Filings Inc

Registered Office Address:

1203 Governors Square Blvd  
Suite 101  
Tallahassee, FL 32301-2960

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Jay Allen

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

15920 Stage Leap Dr  
Lutz, FL 33559

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.

Jay Allen

Signature of a member or authorized representative of a member

Jay Allen

Printed or typed name of signer

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.

Jay Allen

Signature of Registered Agent

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

FILING FEE: \$25.00