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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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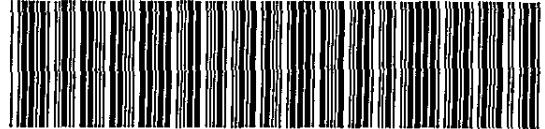
(Business Entity Name)

(Document Number)

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100-927

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

PENNAQUID, LLC  
(Name of corporation)

DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY MCCORQUODALE FOGUIN  
(Name of person)

PENNAQUID, LLC  
(Name of firm/company)

2040 SE 18<sup>th</sup> ST.  
(Address)

POMPANO BEACH, FL. 33062  
(City/state and zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter Foguin at ( 904 ) 270-3136  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 28, 2004

MARY MCCORQUODALE FOGLIA  
2040 SE 18TH STREET  
POMPANO BEACH, FL 33062

SUBJECT: PEMAQUID, LLC  
Ref. Number: L00000000927

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TALLAHASSEE, FLORIDA

We have received your document for PEMAQUID, 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 904A00028446

**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. The name of the limited liability company is: PENNAQUID, LLC
2. The mailing address of the limited liability company is: 2040 SE 18th ST., POMPAHO BEACH, FL 33062

3. Date of filing/registration in Florida 1/25/2000

4. Document number LC00000000927

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MARY MCCORQUODALE FOGLIA  
Name  
2040 SE 18th ST.  
Address  
POMPAHO BEACH, FL 33062  
City, State and Zip

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TALLAHASSEE, FLORIDA

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6. The name and address of the new registered agent and/or office:

APRIANNE MORENO  
Name  
2040 SE 18th ST.  
Florida street address (P.O. Box NOT acceptable)  
POMPAHO BEACH FL 33062  
City, State and Zip

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.

Mary Foglia  
(Signature of a member or authorized representative of a member)

MARY MCCORQUODALE FOGLIA  
(Printed or typed name of signee)

*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.*

Aprienne F. Moreno  
(Signature of Registered Agent)

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