

LOI 000003617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

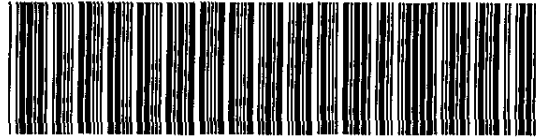
(Business Entity Name)

(Document Number)

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STATE
CLERK OF COURT
TALLAHASSEE, FLORIDA

FF \$25

FLORIDA

5700 Memorial Hwy
Suite 201
Tampa, FL 33615
Phone: (813) 857-7512
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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: PROCOPIO PROPERTIES, LLC, DOC # L01000003617

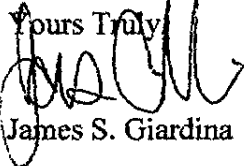
March 29, 2005

To Whom It May Concern:

With respect to the above referenced Limited Liability Company, please find enclosed the following:

1. A completed Statement of Change of Registered Office for Limited Liability Company
2. A check for \$25 for filing the above Statement.
3. A completed 2005 Limited Liability Company Reinstatement Form.
4. A Check for \$155, for the following:
 - a. Reinstatement fee of \$100
 - b. Certified Copy fee of \$5
 - c. An Annual Report fee of \$50

Yours Truly


James S. Giardina

5700 Memorial Hwy
Suite 201
Tampa, FL 33615
Phone: (813) 857-7512
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STATE OF FLORIDA

**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: Procopio Properties, LLC

2. The mailing address of the limited liability company is : _____
6902 Creek Drive West, Tampa, FL 33615

03/05/2001

L01000003617

3. Date of filing/registration in Florida

4. Document number

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

SALVATORE PROCOPIO

Name

7825 N ARMENIA AVE

Address

TAMPA, FL 33604

City, State and Zip

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

SALVATORE PROCOPIO

Name

6902 Creek Drive West

Florida street address (P.O. Box NOT acceptable)

Tampa

FL

33615

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.


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

Joseph Procopio

(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.


(Signature of Registered Agent)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA