

LO1000007994

00789-00524-00671 form-CC not INC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

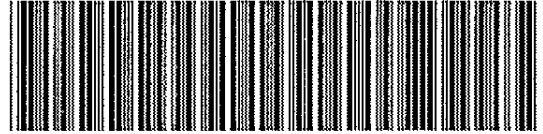
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06DEC-4 AM 11:49

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GANYMEDE LLC
(Name of Corporation)

DOCUMENT NUMBER: LO1000007994

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:

Cecil T. Salmon
(Name of Contact Person)

GANYMEDE LLC
(Firm/Company)

6375 Windmere Rd.
(Address)

Brooksville, FL 34602
(City/State and Zip Code)

For further information concerning this matter, please call:

Cecil T. Salmon at (352) 799-2668 x 222
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2006

CECIL T. SALMON
GANYMEAD, LLC
6375 WINDMERE RD.
BROOKSVILLE, FL 34602

SUBJECT: GANYMEAD, LLC
Ref. Number: L01000007994

We have received your document for GANYMEAD, 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):

You must complete the attached form to change the Registered Agent Information for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 006A00067593

**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: Ganymead LLC
2. The mailing address of the limited liability company is: 6375 Windmere
Brooksville FL 34602
3. Date of filing/registration in Florida 5/30/2001
4. Document number LO100007994

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

Robert Spiciale
Name
31087 Cortez Blvd
Address
Brooksville FL 34602
City, State and Zip

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

Robert Spiciale
Name
6375 Windmere Rd
Florida street address (P.O. Box NOT acceptable)
Brooksville FL 34602
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

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

Robert Spiciale
(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.

Robert Spiciale
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00