

LO10000 17834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

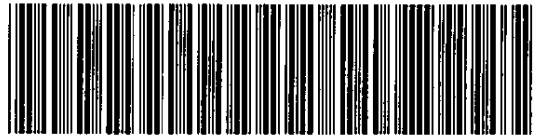
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
AUG 13 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEFINIUM SOLUTIONS, 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:

ERNEST R. WASHBURN

Name of Person

DEFINIUM SOLUTIONS, LLC

Firm/Company

4325 RIVER BIRCH DRIVE

Address

SPRING HILL, FL 34607

City/State and Zip Code

erwashburn@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. R. WASHBURN

Name of Person

at (352) 592-9900

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

☐ \$55 Filing Fee & Certified Copy

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2009 AUG 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

ERNEST R. WASHBURN
4325 RIVER BIRCH DRIVE
SPRING HILL, FL 34607

SUBJECT: DEFINIUM SOLUTIONS, LLC
Ref. Number: L01000017834

We have received your document for DEFINIUM SOLUTIONS, LLC and 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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 509A00026918

FILED
2009 AUG 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, 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. Name of the limited liability company: DEFINIUM SOLUTIONS, LLC
2. (a) Principal office address of limited liability company: 4325 RIVER BIRCH DRIVE
☐ SPRING HILL, FL 34607
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 4325 RIVER BIRCH DRIVE
☐ SPRING HILL, FL 34607
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 10/17/2001
4. Document number: LO1000017834
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: LARRY S. SMOOT
Registered Office Address: 218 SOUTHERN COUNTRY LANE
QUINCY, FL 32351
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: ERNEST R. WASHBURN
NEW Registered Office Address: 4325 RIVER BIRCH DRIVE
(**MUST BE FLORIDA STREET ADDRESS**) SPRING HILL, FL 34607

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.

Ernest R. Washburn
Signature of a member or authorized representative of a member

ERNEST R. WASHBURN
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.

Ernest R. Washburn
Signature of Registered Agent

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