

LD/000022, 49

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000189022960

01/25/11--01008--006 **25.00

FILED

11 FEB - 1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 02 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2011

PAUL F. WENGERT
153 NW OTTER COURT
LAKE CITY, FL 32055

SUBJECT: PATHE ASSOCIATES, LLC
Ref. Number: L01000022149

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB -1 AM 8:59

FILED

We have received your document for PATHE ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 711A00002246

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pathe Associates, 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:

Paul F. Wengert

Name of Person

Pathe Associates, LLC

Firm/Company

153 NW Otter Court

Address

Lake City, Florida 32055

City/State and Zip Code

PFWengert@aol.com

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

For further information concerning this matter, please call:

Paul f. Wengert

Name of Person

at (386)

755-6898

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

FILED
11 FEB -1 AM 8:59
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: Pathe Associates, LLC

2. (a) Principal office address of limited liability company: 153 NW Otter Court

(Note: MUST BE STREET ADDRESS)

Lake City, FL 32055

(b) Mailing address of limited liability company:

P.O. Box 2337

(Note: MAY BE POST OFFICE BOX)

Lake City, FL 32056

December 19, 2001

3. Date of filing/registration in Florida

L01000022149

4. Document number

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

Registered Agent:

The Corporation Service Company
The company corporation

Registered Office Address:

2741 Centerville Road, 1201 Hays Street
Wilmington, DE 19808
Tallahassee, FL 32301-2525

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

NEW Registered Agent:

Paul F. Wengert

NEW Registered Office Address:

153 NW Otter Court

(MUST BE FLORIDA STREET ADDRESS)

Lake City, FL 32055

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

Paul F. Wengert

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

FILING FEE: \$25.00