

(Requestor's Name)

{Address}

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

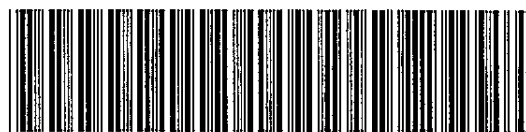
(Business Entity Name)

(Document Number)

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2006 MAR -2 AM 9:37
SECRETARY OF STATE
06 FEB 17 PM 2:58
ENCLAVE, PANAMA
TALLAHASSEE, FLORIDA

THE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Loosers Camp LLC

FILED
2006 MAR -2 AM 9:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SP

Name _____

Date 2/17/06

Time 12:20

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: LOOSERS CAMP LLC
Ref. Number: L02000002944

FILED
2006 MAR -2 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LOOSERS CAMP 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):

Please clarify that Ms. Morrison is signing for the LLC on the AMENDMENT, and then add a page with the R.A. signature.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 006A00011752

RECEIVED
06 MAR -2 PM 2:49
DIVISION OF CORPORATIONS
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. The name of the limited liability company is: Loosers Camp LLC
2. The mailing address of the limited liability company is : 700 Eleventh Street, South,
PH #2, Naples, Florida 34102-6777
- 2.7.2002
3. Date of filing/registration in Florida
- L020000002944
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:

State: Wellington Shield Services Ltd. Inc.
Name
700 Eleventh Street South, PH #2
Address
Naples Florida 34102-6777
City, State and Zip

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

Wellington Shield Inc.
Name
700 Eleventh Street South, PH #2
Florida street address (P.O. Box NOT acceptable)
Naples FL 34102-6777
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.

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

Candace B Morrison
(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.

CB Morrison
(Signature of Registered Agent)

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