

LD20000012769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 11:10

N. Culligan NOV 29 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMP 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:

DANIELLE PATTI
(Name of Person)

PMP LLC
(Firm/Company)

1857 Floyd Street Suite 100
(Address)

SARASOTA, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELLE at (941) 954-0766
(Name of Person) (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

ALREADY
PAID



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 4, 2005

DANIELLE M. PATTI
1857 FLOYD STREET
SUITE 100
SARASOTA, FL 34239

SUBJECT: PMP LLC
Ref. Number: L02000012769

We have received your document for PMP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing form was submitted. Enclosed is the proper form.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 405A00066300

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: PMP LLC
2. The mailing address of the limited liability company is: 7458 CABERGE PALM CT
SARASOTA, FL 34241 [change to 1857 FLOYD ST #100 SARASOTA FL 34239]
05/22/02 LD2000012769
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:

CONRAD PENNER
Name
7458 CABERGE PALM CT
Address
SARASOTA FL 34241
City, State and Zip

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

DANIELLE PATTI
Name
1857 FLOYD STREET Suite 100
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34239
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.

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

DANIELLE M. PATTI
(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.

Danielle Patti
(Signature of Registered Agent)

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 29 AM 11:10

CAN WE
CHANGE THIS
TO THE NEW
ADDRESS
BELOW
IT SHOULD
BE SAME
AS REGISTERED
AGENT ADDRESS