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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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(Business Entity Name)

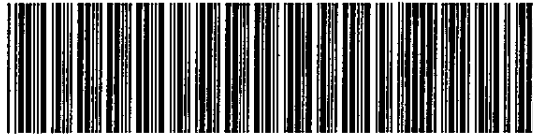
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**MICHAEL D. HORLICK**

ATTORNEY and COUNSELOR AT LAW

1314 E. VENICE AVENUE - SUITE D  
VENICE, FLORIDA 34285

Telephone: (941) 484-5656  
Facsimile: (941) 484-1650  
E-mail: mdh@mdhpa.com

January 15, 2004

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

Re: JOBE, LLC

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with a check in the amount of \$25 to cover the filing fees involved.

Thank you for your attention to this matter.

Sincerely,



Michael D. Horlick

MDH/ras

Enclosures

cc: Mr. Robert J. Zipp (w/enclosure)

L.JOBE.sos.wpd

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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: JOBE, LLC
2. The mailing address of the limited liability company is : 3831 GLEN OAKS MANOR DRIVE  
SARASOTA, FLORIDA 34232

OCTOBER 9, 2002

L02000026631

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:

JEFFERSON F. RIDDELL

Name

3400 S. TAMIAMI TRAIL

Address

SARASOTA, FLORIDA 34239

City, State and Zip

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

ROBERT J. ZIPP

Name

1732 17TH STREET WEST

Florida street address (P.O. Box **NOT** acceptable)

PALMETTO FL 34221

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.

Robert J. Zipp  
(Signature of a member or authorized representative of a member)

ROBERT J. ZIPP

(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.*

Robert J. Zipp  
(Signature of Registered Agent)

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

04 JAN 20 AM 11:16  
TALLAHASSEE, FLORIDA