

L030000003230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

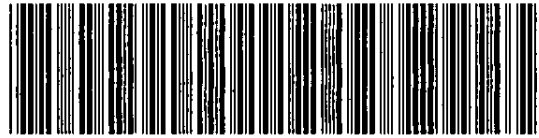
Special Instructions to Filing Officer:

**A. LUNT**

FEB - 3 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 FEB - 1 PM 1:05

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Strommen Central Florida Company I, 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:

Ann Strommen

Name of Person

Firm/Company

W12701 735<sup>th</sup> Ave.

Address

River Falls, WI 54022

City/State and Zip Code

strommen@centurytel.net

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

For further information concerning this matter, please call:

Ann Strommen

Name of Person

at ( 715 ) 262-4162

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  
2010 FEB - 1 PM 1:05  
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: Strommen Central Florida Company II, LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

W12701 735<sup>th</sup> Ave.

River Falls, WI 54022

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

W12701 735<sup>th</sup> Ave.

River Falls, WI 54022

1/27/03

3. Date of filing/registration in Florida

4. Document number

L0300000323

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

Registered Agent:

CSC

Registered Office Address:

2711 Centerville Rd  
Wilmington, DE 19808

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

**NEW Registered Agent:**

Dill Strumpf, President  
BRUCE STRUMPF, INC.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2120 Drew Street  
Clearwater, FL 33765  
, FL

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

Scott J. Strommen

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