

W03000004027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. CLINE

APR - 5 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2010

JO ANNE BIONDI-SHANNON  
P.O. BOX 16433  
CLEARWATER, FL 33766

SUBJECT: LIFSEY INSURANCE, LLC  
Ref. Number: L03000004027

We have received your document for LIFSEY INSURANCE, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 810A00007754

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lifsey Insurance, 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:

Jo Anne Biondi-Shannon, Trustee  
Name of Person

Julian H. Lifsey Trust, Managing Member  
Firm/Company

P.O. Box 16433  
Address

Clearwater, FL 33766  
City/State and Zip Code

joanne@bsp.cpas.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Anne Biondi-Shannon at ( 727 ) 791-9199  
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

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**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: Lifsey Insurance, LLC

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

☒ (Note: **MUST BE STREET ADDRESS**) 2631 McCormick Drive, Suite 102  
Clearwater, FL 33759

(b) Mailing address of limited liability company: Lifsey Insurance, LLC

☒ (Note: **MAY BE POST OFFICE BOX**) P.O. Box 16433  
Clearwater, FL 33766

02/03/2003  
3. Date of filing/registration in Florida

L030000040  
4. Document number

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

Registered Agent: Regions Trust Bank

Registered Office Address: 13535 Feathersound Drive  
Suite 220  
Clearwater, FL 33762

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

**NEW Registered Agent:** Regions ~~Trust Bank~~ Bank

**NEW Registered Office Address:** 1511 N. Westshore Blvd., Ste. 850  
**(MUST BE FLORIDA STREET ADDRESS)** Tampa, FL 33607

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.

Jo Anne Biondi-Shannon  
Signature of a member or authorized representative of a member

Jo Anne Biondi-Shannon, Co-Trustee  
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.

[Signature]  
Signature of Registered Agent

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