

W03000016574

(Requestor's Name)

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(City/State/Zip/Phone #)

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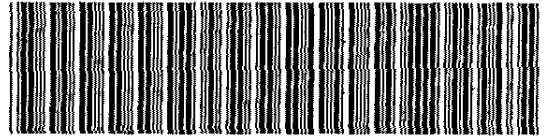
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W03-16574

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STATE OF FLORIDA
TALLAHASSEE

TRANSMITTAL LETTER

TO: ~~Amendment Section~~ / *Change of Address*
Division of Corporations

SUBJECT: *Phoenix Indemnity, LLC*
(Name of Limited Liability Company)

DOCUMENT NUMBER: *L03000016574*

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgia Marty Casanova, CPCU
(Name of Person)

Phoenix Indemnity, LLC
(Name of Firm/Company)

577 S.W. Mc Comb Avenue
(Address)

Port St. Lucie, FL 34953-3812
(City/State and Zip Code)

For further information concerning this matter, please call:

Georgia M. Casanova at (*786*) *443-3433*
(Name of Person) (Area Code & Daytime Telephone Number)

~~Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.~~

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**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: PHOENIX INDEMNITY, LLC
2. The mailing address of the limited liability company is: 9357 N.W. 50 DORAL
CIRCLE NORTH, MIAMI, FL 33178
3. Date of filing/registration in Florida 05/07/2003 4. Document number LC3000016574

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JULIO MARTY
Name
9357 NW 50 DORAL CIRCLE NO.
Address
MIAMI, FL 33178
City, State and Zip

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

GEORGINA MARTY
Name
577 N.W. Mc COMB AVENUE
Florida street address (P.O. Box NOT acceptable)
PORT ST. LUCIE, FL 34953-3812
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.

Georgina Marty Casanova, CPCU
(Signature of a member or authorized representative of a member)

GEORGINA MARTY CASANOVA, CPCU
(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.

Georgina Marty Casanova, CPCU
(Signature of Registered Agent)

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

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