

L03000018641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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N. Culligan NOV 13 2012

LAW OFFICE OF  
**SHEREE H. LANCASTER, P.A.**

109 EAST WADE STREET  
POST OFFICE BOX 1000  
TRENTON, FLORIDA 32693

PHONE: (352) 463-1000  
FAX: (352) 463-2939

November 7, 2012

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: TRI COUNTY METALS, LLC

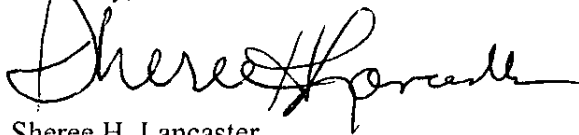
Greetings:

In connection with the above referenced, enclosed please find the following:

1. Statement of Change of Registered Office or Registered Agent of Both for Limited Liability Company.
2. My client's check number 3025 in the amount of \$25.00 for the fee.

Thank you for your attention in this matter.

Sincerely,



Sheree H. Lancaster

SHL/sdh

Enclosures

**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: TRI COUNTY METALS, L.L.C.

2. (a) Principal office address of limited liability company: 5950 SE 60th Street  
(Note: **MUST BE STREET ADDRESS**) Trenton FL 32693 US

(b) Mailing address of limited liability company: Post Office Box 1266  
(Note: **MAY BE POST OFFICE BOX**) Trenton FL 32693 US

05/23/2003 3. Date of filing/registration in Florida L03000018641 4. Document number

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

Registered Agent: LANCASTER, SHEREE H

Registered Office Address: 109 East Wade Street  
Trenton FL 32693 US

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

**NEW Registered Agent**: ROBERT A SULLIVAN

**NEW Registered Office Address**: 401 SW 33rd Avenue  
(**MUST BE FLORIDA STREET ADDRESS**) Ocala, FL 34474

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 A Sullivan  
Signature of a member or authorized representative of a member

ROBERT A SULLIVAN MGRM  
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 A Sullivan  
Signature of Registered Agent

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