

L03000022509

00789-00524-00671 form LC not lhc

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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9/23 R/A Ch

L03-22509

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25.00

M. HODGES

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05 SEP 23 PM 2:10

SUBMIT TO STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2005

KAREN M. GUIDO  
104 SOUTHWIND CIRCLE  
ST. AUGUSTINE, FL 32080

SUBJECT: TINICUM DESIGNS LLC  
Ref. Number: L03000022509

We have received your document for TINICUM DESIGNS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 605A00056561

COVER LETTER

TO: Registration Section  
Division of Corporations

9/21/05

SUBJECT: Tinicum Designs 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:

Karen M. Guido  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

104 Southwind Circle  
(Address)

St. Augustine, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen M. Guido at ( 904 ) 471-3226  
(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

On file  
with you  
per cover letter  
sent

boxed

**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: Tinicum Designs LLC
2. The mailing address of the limited liability company is: 4255 A1A South  
Suite 11 PMB/76 St. Augustine, FL 32080
3. Date of filing/registration in Florida: 4/16/03
4. Document number: L03000022509

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

Strait, Jeffrey D.  
Name  
4075 A1A South Suite 200A  
Address  
St. Augustine, FL 32080  
City, State and Zip

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

Karen M. Guido  
Name  
104 Southwind Circle  
Florida street address (P.O. Box NOT acceptable)  
St. Augustine FL 32080  
City, State and Zip

**FILED**  
05 SEP 23 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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]  
(Signature of a member or authorized representative of a member)

Karen M. Guido  
(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