

L030000034800

00789-00524-00671 form LC not inc

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

L03-24860

(Document Number)

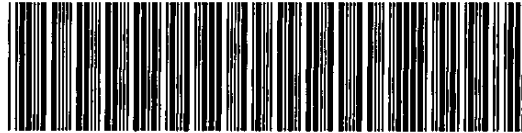
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TPM INVESTMENTS
(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:

John PAULSEN
(Name of Person)

TPM INVESTMENTS
(Firm/Company)

2507 VINEYARD LANE
(Address)

MIRAMAR BEACH FL 32550
(City/State and Zip Code)

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For further information concerning this matter, please call:

John PAULSEN at (850) 496-3637
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2006

JOHN PAULSEN
TPM INVESTMENTS, LLC
2507 VINEYARD LN
MIRAMAR BEACH, FL 32550

SUBJECT: TPM INVESTMENTS, LLC
Ref. Number: L03000024800

We have received your document for TPM INVESTMENTS, 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 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: 706A000707

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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. The name of the limited liability company is: TPM INVESTMENTS
2. The mailing address of the limited liability company is: 2507 VINEYARD LANE
MIRAMAR BEACH FL 32550
3. Date of filing/registration in Florida 7/9/2003
4. Document number L03000024800

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

John PAULSEN
Name
8058 FOUNTAINS LANE
Address
DESTIN FL 32550
City, State and Zip

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

John PAULSEN
Name
2507 VINEYARD LANE
Florida street address (P.O. Box NOT acceptable)
MIRAMAR FL 32550
BEACH City, State and Zip

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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)

(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. 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