

**L03000039408**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

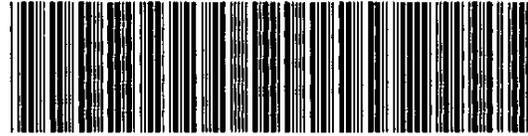
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**  
JUL 21 2010  
**EXAMINER**



**000183345400**

07/19/10--01045--002 \*\*25.00

**FILED**  
10 JUL 19 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHARLES GUESS 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:

CHUCKY E GUESS

Name of Person

CHARLES GUESS LLC

Firm/Company

P O BOX 404

Address

SANFORD FL 32772-404

City/State and Zip Code

CHARLESGUESS5629@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHUCKY E GUESS

Name of Person

at ( 404 )

321-2975

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

**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: CHARLES GUESS LLC

2. (a) Principal office address of limited liability company: 603 ORANGE AVE

(Note: **MUST BE STREET ADDRESS**)

SANFORD FL 32771US

(b) Mailing address of limited liability company: P O BOX 404

(Note: **MAY BE POST OFFICE BOX**)

SANFORD FL 32772-404

10/10/2003

L03000039408

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: CHARLESGUESS

Registered Office Address: 603 ORANGE AVE

SANFORD FL 32771 US

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

**NEW Registered Agent:** CHUCKY E GUESS

**NEW Registered Office Address:** 1165 WEST 16TH STREET

**(MUST BE FLORIDA STREET ADDRESS)**

SANFORD FL 32771

10 JUL 19 11 11 AM '03  
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.

Charles Guess

Signature of a member or authorized representative of a member

Charles Guess

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.

Chucky E Guess

Signature of Registered Agent

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

FILING FEE: \$25.00