

L03000055669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 12 AM 11:00

J. BRYAN MAR 30 2006

J. BRYAN JUN 12 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2006

CHARLES FLAVIEN
SMARTBIZ SIGNS LLC
192 STATE ROAD

SUBJECT: SMARTBIZ SIGNS, LLC
Ref. Number: L03000055669

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 12 AM 11:00

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

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00021719

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2006

CHARLES FLAVIEN
SMARTBIZ SIGNS LLC
192 STATE ROAD

SUBJECT: SMARTBIZ SIGNS, LLC
Ref. Number: L03000055669

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Joey Bryan
Document Specialist

Letter Number: 906A00021719



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2006

CHARLES FLAVIEN
SMARTBIZ SINGS LLC
192 STATE ROAD 312
ST. AUGUSTINE, FL 32086

SUBJECT: SMARTBIZ SIGNS, LLC
Ref. Number: L03000055669

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 12 AM 11:00

We have received your document for SMARTBIZ SIGNS, 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 completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 406A00028355

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMARTBIZ SIGNS 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:

CHARLES FLAVIEN
(Name of Person)

SMARTBIZ SIGNS
(Firm/Company)

192 STATE RD 312
(Address)

ST. AUGUSTINE FL 32086
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 12 AM 11:00

For further information concerning this matter, please call:

CHARLES FLAVIEN at (904)
(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

**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: SMART BIZ SIGNS LLC
2. The mailing address of the limited liability company is: _____

12/23/2003
3. Date of filing/registration in Florida

L03000055669
4. Document number

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

CHARLEY WHITE
Name
4066 WINDSOR PARK DR. EAST
Address
JACKSONVILLE, FL 32224
City, State and Zip

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

CHARLES FLAVIEN
Name
168 OAK COMMON AVE
Florida street address (P.O. Box NOT acceptable)
ST. AUGUSTINE FL 32095
City, State and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 12 AM 11:00

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)

CHARLES FLAVIEN
(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