

L04000003904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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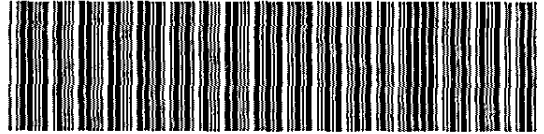
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. FEB 19 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2007

MATTHEW STEVENS
M. STEVENS ASSOCIATES, INC.
4878 N. MAGNOLIA
CHICAGO, IL 60640

SUBJECT: SCENIC BAY, L.C.
Ref. Number: L04000003904

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

There is a \$25.00 fee to file the Statment of Change of Registered Agent.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 007A00006723

**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: SCENIC BAY, L.C.
2. The mailing address of the limited liability company is : 2891 E. JOHNSON AVENUE
PENSACOLA, FL 32514-7455

MAY 11, 2006

L04000003904

3. Date of filing/registration in Florida

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:

PALMER, RAYMOND B.

Name

913 GULF BREEZE PARKWAY #41

Address

GULF BREEZE, FL 32561

City, State and Zip

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

NEIL JERNIGAN

Name

2891 E. JOHNSON AVENUE

Florida street address (P.O. Box NOT acceptable)

PENSACOLA FL 32514-7455

City, State and Zip

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)

MATTHEW STEVENS

(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.

X 
(Signature of Registered Agent)

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

FILING FEE: \$25.00

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