

L040000 12890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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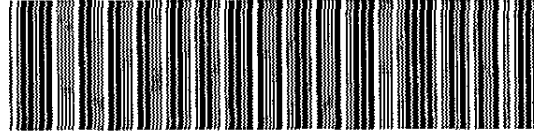
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

7-21  
*[Signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Commercial Acquisitions, 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:

Bob Deal  
(Name of Person)

Commercial Acquisitions, LLC  
(Firm/Company)

64 Garfield Street, Unit 4  
(Address)

Santa Rosa Beach, Florida 32459  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Bob Deal at ( 850 ) 699-9289  
(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

July 10, 2006

BOB DEAL  
COMMERCIAL ACQUISITIONS, LLC  
64 GARFIELD STREET UNIT 4  
SANTA ROSA BEACH, FL 32459

SUBJECT: COMMERCIAL ACQUISITIONS, LLC  
Ref. Number: L04000012890

We have received your document for COMMERCIAL ACQUISITIONS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 306A00044365

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Commercial Acquisitions, LLC
2. The mailing address of the limited liability company is : P.O. Box 10529 - Tallahassee, FL 32302  
Change to 64 Garfield Street, Unit 3 - Santa Rosa Beach, FL 32459

2/17/2004

L04000012890

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:

Murray M. Wadsworth, Jr.

Name

1300 Thomaswood Drive

Address

Tallahassee, Florida 32308

City, State and Zip

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

Bob Deal

Name

64 Garfield Street, Unit 4

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

Santa Rosa Beach FL 32459

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.

Bob Deal  
(Signature of a member or authorized representative of a member)

BOB DEAL  
(Printed or typed name of signer)

*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.*

Bob Deal  
(Signature of Registered Agent)

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

FILING FEE: \$25.00