

L04000034086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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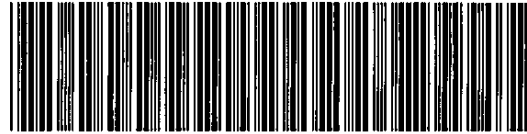
(Business Entity Name)

(Document Number)

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L04-34086
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2006

STEVE FENTON
P.O. BOX 1786
STUART, FL 34997

SUBJECT: FENTON MANAGEMENT SERVICES, LLC
Ref. Number: L04000034086

We have received your document for FENTON MANAGEMENT SERVICES, 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):

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 906A00047966

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fenton Management Services, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000034086

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Fenton
(Name of Contact Person)

Fenton Management Services, LLC
(Firm/Company)

P.O. Box 1786
(Address)

Stuart, FL 34997
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steve Fenton at 772, 344-2572
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Fenton Management Services
2. The mailing address of the limited liability company is : P.O. Box 1786
Stuart, FL 34995
51512004 L04000034086
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:

Steve Fenton
Name
2040 SE Federal Hwy., Suite S
Address
Stuart, FL 34994
City, State and Zip

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

Steve Fenton
Name
593 SE Central Parkway
Florida street address (P.O. Box NOT acceptable)
Stuart, FL 34994
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]
(Signature of a member or authorized representative of a member)

Steve Fenton
(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

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