

LD4000039292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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MAR 11 2009

EXAMINER



700143343077

03/10/09--01008--005 **11.25

02/11/09--01009--002 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 10 PM 12:14

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2009

WILLIAM M BARNETT
824 BAY POINT DRIVE
MADEIRA BEACH, FL 33708

SUBJECT: BARNETT GOODWIN, LLC
Ref. Number: L04000039292

We have received your document for BARNETT GOODWIN, LLC and your check(s) totaling \$43.75. 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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 609A00005776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARNETT GOODWIN, 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:

WILLIAM M. BARNETT
(Name of Person)

BARNETT GOODWIN, LLC
(Firm/Company)

824 BAY POINT DRIVE
(Address)

MADEIRA BEACH, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM M. BARNETT at (727) 599 4466
(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

\$ 43.75 PREVIOUS (SEE ATTACHED)
+ 11.25 ENCLOSED
55.00

**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: BARNETT GOODWIN, LLC

2. (a) Principal office address of limited liability company: 824 BAY POINT DRIVE
MADEIRA BEACH, FL 33708
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 824 BAY POINT DRIVE
MADEIRA BEACH, FL 33708
(Note: MAY BE POST OFFICE BOX)

MAY 24, 2004
3. Date of filing/registration in Florida

L04000039292
4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYES STREET
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

WILLIAM M. BARNETT

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

824 BAT POINT DRIVE

MADEIRA BEACH, FL 33708

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.

William M. Barnett
(Signature of a member or authorized representative of a member)

WILLIAM M. BARNETT, MGRM
(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.

William M. Barnett
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 10 PM 12:14