

L04000057882

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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 9 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THEE, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RJ LARIZZA  
(Contact Person)

THEE, LLC  
(Firm/Company)

4255 US HWY 1 SOUTH, STE 18 #B-7  
ST. AUGUSTINE, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

R. J. LARIZZA at (386) 257-6000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: THEE, LLC

2. (a) Principal office address of limited liability company

(Note: **MUST BE STREET ADDRESS**)

4255 US HWY 1 SOUTH, STE 18 #B-7  
ST. AUGUSTINE, FL 32086

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4255 US HWY 1 SOUTH, STE 18 #B-7  
ST. AUGUSTINE, FL 32086

3. Date of filing/registration in Florida

08/04/2004

4. Document number

L04000057882

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

Registered Agent:

ALEXANDER R. CHRISTINE JR

Registered Office Address:

28 CORDOVA ST  
ST AUGUSTINE FL 32084

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

**NEW** Registered Agent:

R.J. LARIZZA

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4255 US HWY 1 SOUTH  
STE 18 #B-7  
ST. AUGUSTINE, FL 32086

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

ALEXANDER R. CHRISTINE JR  
Printed or typed name of signer

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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 of Registered Agent

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

FILING FEE: \$25.00