

L04000066968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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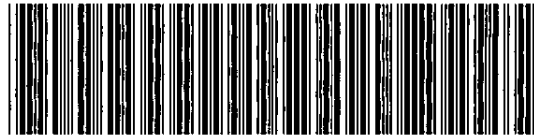
(Business Entity Name)

(Document Number)

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J. BRYAN MAR - 4 2008

J. BRYAN

MAR 12 2008

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGIONS DEVELOPMENT LTD. CO.  
(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:

KAREN L. GAMMON  
(Name of Person)

REGIONS DEVELOPMENT LTD. CO.  
(Firm/Company)

41 FELI WAY  
(Address)

CRAWFORDVILLE, FL 32327  
(City/State and Zip Code)

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For further information concerning this matter, please call:

KAREN L. GAMMON at ( 850 ) 926-5088  
(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



COPY

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2008

KAREN L. GAMMON  
REGIONS CONTRACTORS, INC.  
41 FELI WAY  
CRAWFORDVILLE, FL 32327

SUBJECT: REGIONS DEVELOPMENT LTD. CO.  
Ref. Number: L04000066968

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DIVISION OF CORPORATIONS  
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We have received your document for REGIONS DEVELOPMENT LTD. CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*You completed the wrong form*

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 808A00013375

# REGIONS DEVELOPMENT LTD. CO.

March 11, 2008

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

FILED STATE  
SECRETARY OF CORPORATIONS  
08 MAR 11 PM 2:59

RE: Regions Development Ltd. Co.  
Ref. Number: L04000066968

To Whom It May Concern:

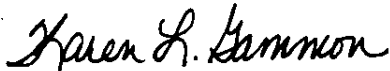
I apologize for completing the wrong form. I have enclosed the form you sent me for processing of changing our registered agent for Regions Development Ltd. Co., along with a copy of your letter for your reference.

You did not return the check I sent you in the amount of \$35.00, so I assume you kept it, and will deposit it to pay for this change.

Please call me if you have any questions.

Sincerely,

REGIONS DEVELOPMENT LTD. CO.



Karen L. Gammon  
Secretary/Treasurer

Enclosures

**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: REGIONS DEVELOPMENT LTD. CO.

2. The mailing address of the limited liability company is: 41 FELI WAY,  
CRAWFORDVILLE, FL 32327

09-10-04  
3. Date of filing/registration in Florida

L04000066968  
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:

ATTORNEY MIKE CARTER  
Name

3047 CRAWFORDVILLE HWY.  
Address

CRAWFORDVILLE, FL 32327  
City, State and Zip

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

STEPHEN R. GAMMON  
Name

41 FELI WAY  
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE, FL  
City, State and Zip

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 11 PM 2:59

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.

Karen L. Gammon  
(Signature of a member or authorized representative of a member)

3-11-08

KAREN L. GAMMON  
(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.*

[Signature]  
(Signature of Registered Agent)

3-11-08

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