

W4000091034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

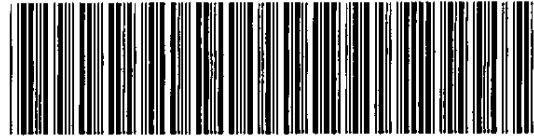
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

OCT 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two Docs and a Donna, 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 R. Morgan

Name of Person

Two Docs and a Donna, LLC

Firm/Company

333 Miami Ave W

Address

Venice, FL 34285

City/State and Zip Code

wmorgan@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R. Morgan

Name of Person

at (941)

484-4778

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 *sent
separately*



\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2009

WILLIAM R. MORGAN
333 MIAMI AVE W
VENICE, FL 34285

SUBJECT: TWO DOCS AND A DONNA, LLC
Ref. Number: L04000091034

We have received your document for TWO DOCS AND A DONNA, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made 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
Regulatory Specialist II

Letter Number: 809A00032586

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: Two Docs and a Donna, LLC

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



(Note: MUST BE STREET ADDRESS)

No change
(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

No change

12/15/2004

L04000091034

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Greg A. Betterton

Registered Office Address:

981 Ridgewood Ave

Suite 101

Venice, FL 34285

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

NEW Registered Agent:

William R. Morgan

NEW Registered Office Address:

629 Apalachicola Rd

(MUST BE FLORIDA STREET ADDRESS)

Venice, FL 34285

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 R. Morgan
Signature of a member or authorized representative of a member

William R. Morgan

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.

William R. Morgan
Signature of Registered Agent

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

FILING FEE: \$25.00