L04000093325

<u>.</u>
• (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
APR 22 2008
EXAMINER

Office Use Only

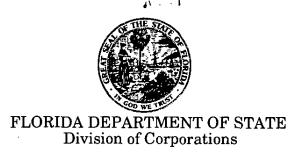


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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED



April 9, 2008

ERIC DAMSTROM 5123 ORIOLE DR. WILMINGTON, NC 28403

SUBJECT: FLP LLC

Ref. Number: L04000093325

We have received your document for FLP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 908A00020927

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FLP LLC (Name of l	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	g this matter to the following:
Eric Damstrom	
(Name of Person)	
FLP LLC	FIL 2008 APR 21 SECRETARY FALLAHASSEI
(Firm/Company)	HAS:
5123 Oriole Drive	
(Address)	TARY OF ST ASSEE, FLO
Wilmington NC 28403	P 4: 25 F STATE FLORIDA
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Eric Damstrom	at (910) 793-2979
(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 followi	ing amount:
☐\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	FLP LLC			
2. The mailing address of the limited liability com	npany is : 5123 Oriole Drive; \	Vilming	ton, NC	28403
04/26/07	LO4000093325			
3. Date of filing/registration in Florida	4. Document nun	nber		
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown of	on the r	records	of the
Eric Damstrom				
	Name			
5123 Oriole Drive	ddress			
Wilmington NC 28403	address			
	tate and Zip			
6. The name and address of the new registered age	ent and/or office:	SEC!	2008	
Eric Damstrom		RETA	APR	77
617 SE 461h	street	RY O	21	
·	(P.O. Box NOT acceptable)	FST FLO	IJ E	Ö
cape tokal City, Sta	FL 33904	RATE OF	ր -25	
City, Sta	ne and Zip			
If the limited liability company is not organized ur confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the confirmed tha	de, the Florida street address be identical. Or, in the case change(s) was/were authorize	of the roof a Flood of a Flood by an	egistere orida lir affirma	ed office nited ative vote
(Signature of a member or authorized representative of a member)				
Eric Danstrom				
(Printed or typed name of signee)				
I hereby accept the appointment as registered age comply with the provisions of all statutes relative t and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this ca to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. erforma igent as in the i	I furth ince of i s provid register g of this	er agree to my duties, led for in ed office s change.

(Signature of Registered Agent)

8 ams on