

L65000007535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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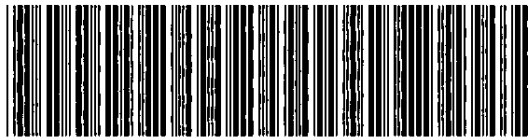
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 30 AM 10:12

T. HAMPTON

MAR 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crestview Capital Partners II, 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:

Dale E.
Jeff Harris *Dale C. Harris*
(Name of Person)

(Firm/Company)

9000 Keystone Crossing, Suite 1050
(Address)

Indianapolis, IN 46240
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Harris at (317) 566-5610
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAR 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 30, 2008

DALE E HARRIS
9000 KEYSTONE CROSSING
STE 1050
INDIANAPOLIS, IN 46240

SUBJECT: CRESTVIEW CAPITAL PARTNERS II, L.L.C.
Ref. Number: L05000007535

We have received your document for CRESTVIEW CAPITAL PARTNERS II, L.L.C. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 808A00061956

**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: Crestview Capital Partners II, LLC

2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

January 24, 2005

3. Date of filing/registration in Florida

L060000007535

4. Document number

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

Registered Agent: Mark R. McMullen

Registered Office Address: Mathews & Hawkins, P.A.
4475 Legendary Drive
Destin, FL 32541

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

NEW Registered Agent: Joseph Silva, Jr., R.A.

NEW Registered Office Address: 103 West 5th Street
(**MUST BE FLORIDA STREET ADDRESS**)
Panama City Beach, FL 32401

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.

Dale E. Harris

(Signature of a member or authorized representative of a member)

Dale E. Harris

(Printed or typed name of signor)

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

INHS18 (05/08)

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DIVISION OF CORPORATIONS
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