

**LWS 000035691**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

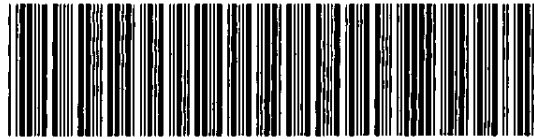
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**T. CLINE**

APR - 9 2008

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 25, 2008

ROBERT DINGESS  
P.O. BOX 56  
616 N. MAYO STREET  
CRYSTAL BEACH, FL 34681

SUBJECT: IDEAL MANAGEMENT SERVICES OF OCALA, LLC  
Ref. Number: L05000035691

We have received your document for IDEAL MANAGEMENT SERVICES OF OCALA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

A post office box is not an acceptable address for the registered agent.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 808A00017693

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IDEAL MANAGEMENT SERVICES OF OCALA, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** LO5000035691

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT DINGESS  
(Name of Contact Person)

IDEAL IMAGE  
(Firm/Company)

P.O. Box 56, 616 N. MAYO ST  
(Address)

CRYSTAL BEACH, FL 34681  
(City/State and Zip Code)

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TALLHASSEE, FLORIDA

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For further information concerning this matter, please call:

ROBERT DINGESS at ( 727 ) 743-0749  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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: IDEAL MANAGEMENT SERVICES OF OLAA, LLC

2. The mailing address of the limited liability company is : 616 N. MAYO ST.,  
P.O. BOX 56, CRYSTAL BEACH, FL 34681

3. Date of filing/registration in Florida 04-12-2005

4. Document number LD5000035691

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORP DIRECT AGENTS INC  
Name  
515 EAST PARK AVE.  
Address  
TALLAHASSEE, FL 32301  
City, State and Zip

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

ROBERT L DINGESS  
Name  
616 N. MAYO STREET  
Florida street address (P.O. Box NOT acceptable)  
CRYSTAL BEACH FL 34681  
City, State and Zip

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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.

Robert L Dingess - CEO  
(Signature of a member or authorized representative of a member)

ROBERT L DINGESS  
(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.

Robert L Dingess  
(Signature of Registered Agent)

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