

LO5000042009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2006 SEP 20 A 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2006

WILLIAM TRUEBLOOD  
1424 HAWTHORNE AVE.  
ZEPHYRHILLS, FL 33540

SUBJECT: TRUEDESIGN MISCELLANEOUS STEEL, LLC  
Ref. Number: L05000042009

We have received your document for TRUEDESIGN MISCELLANEOUS STEEL, 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.

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  
Document Specialist

Letter Number: 306A00047401

2006 SEP 28 A 12 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2006

WILLIAM TRUEBLOOD  
P.O. BOX 216  
CRYSTAL SPRINGS, FL 33524

SUBJECT: TRUEDESIGN MISCELLANEOUS STEEL, LLC  
Ref. Number: L05000042009

2006 SEP 20 A 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for TRUEDESIGN MISCELLANEOUS STEEL, 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt  
Document Specialist

Letter Number: 306A00047401

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Truedesign Miscellaneous Steel, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L05000042009

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:

William Trueblood  
(Name of Contact Person)

(Firm/Company)

1424 Hawthorne Avenue  
(Address)

Zephyrhills, FL 33540  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Trueblood at ( 813 ) 758-8938  
(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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUEDESIGN MISCELLANEOUS STEEL, 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 E. TRUEBLOOD  
(Name of Person)

TRUEDESIGN MISCELLANEOUS STEEL, LLC.  
(Firm/Company)

P.O. Box 216  
(Address)

CRYSTAL SPRINGS, FL. 33524  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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

35.00 SENT BEFORE  
CORRECT FORMS  
INHS18 (8/05)

**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: TRUEDESIGN MISCELLANEOUS, STEEL, LLC  
2. The mailing address of the limited liability company is: P.O. Box 216, CRYSTAL SPRING, FL. 33524

3. Date of filing/registration in Florida 4/27/05  
4. Document number L05000042009

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

CORPORATE CREATIONS NETWORK INC.  
Name  
11380 PROSPERITY FARMS ROAD #221E  
Address  
PALM BEACH GARDENS, FL 33410  
City, State and Zip

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

WILLIAM E. TRUEBLOOD  
Name  
1424 HAWTHORNE AVENUE  
Florida street address (P.O. Box NOT acceptable)  
ZEPHYRHILLS, FL 33540  
City, State and Zip

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TALLAHASSEE, FLORIDA

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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.

William E. Trueblood  
(Signature of a member or authorized representative of a member)

WILLIAM E. TRUEBLOOD  
(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.

William E. Trueblood  
(Signature of Registered Agent)

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