

LD5000046176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

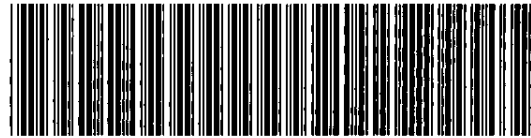
Special Instructions to Filing Officer:

**L. SELLERS**

OCT -3 2011

**EXAMINER**

Office Use Only



100211811761

09/08/11--01016--011 \*\*35.00

RECEIVED  
SEP 11 2011  
11:26 AM

FILED  
SEP 26 PM 12:26

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Default Law Group, P.L.  
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:

Sherri Lamoureux

Name of Person

Florida Default Law Group, P.L.

Firm/Company

4919 Memorial Highway, Ste 200

Address

Tampa, FL 33634

City/State and Zip Code

slamoureux@defaultlawfl.com

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

For further information concerning this matter, please call:

Sherri Lamoureux

Name of Person

at ( 813 )

342-2200, ext 3104

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

**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: Florida Default Law Group, P.L.

2. (a) Principal office address of limited liability company: 4919 Memorial Highway, Ste 200

**(Note: MUST BE STREET ADDRESS)**

Tampa, FL 33634

(b) Mailing address of limited liability company: n/a

**(Note: MAY BE POST OFFICE BOX)**

05/03/2005

L05000046176

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:

Fuller, Jeffrey M

Registered Office Address:

400 North Ashley Drive  
Ste 1500  
Tampa, FL 33602

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

**NEW** Registered Agent:

Fuller, Jeffery

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

One Tampa City Center  
Ste 1770  
Tampa, FL 33602

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 B. Carave  
Signature of a member or authorized representative of a member

William B. Carave  
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.*

Jeffrey M. Fuller  
Signature of Registered Agent

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