

LD5000047992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

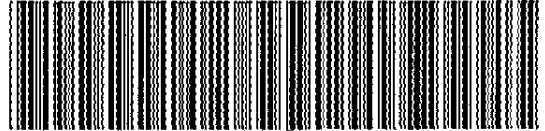
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullum JAN 20 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beacon Packing, 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:

Steven L. Barnett
(Name of Person)

Beacon Packing, LLC
(Firm/Company)

Post Office Box 12130
(Address)

Fort Pierce, FL 34979
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven L. Barnett at (772) 539-0808
(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

January 4, 2006

STEVEN L. BARNETT
POST OFFICE BOX 12130
FORT PIERCE, FL 34979

SUBJECT: BEACON PACKING, LLC
Ref. Number: L05000047992

We have received your document for BEACON PACKING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 406A00000314

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: Beacon Packing, LLC

2. The mailing address of the limited liability company is : Post Office Box 12130

Fort Pierce, FL 34979

05/13/2005 -- L05000047992

3. Date of filing/registration in Florida _____ 4. Document number _____

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

Steven L. Barnett

Name _____

5555 South US Highway #1

Address

Fort Pierce, FL 34982

City, State and Zip

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

Steven L. Barnett

Name _____

2770 Indian River Boulevard Suite 201

Florida street address (P.O. Box **NOT** acceptable)

Vero Beach FL 32960

City, State and Zip

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.

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

Steven L. Barnett

(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. 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)

FILING FEE: \$25.00