

105000063806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

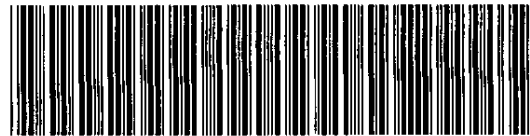
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
OCT 11 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2010

WESLEY E. DIXON, JR.  
P.O. BOX 133  
MCINTOSH, FL 32664

SUBJECT: TAMI'S LLC  
Ref. Number: L05000063806

We have received your document for TAMI'S 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 910A00021559

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT - 8 AM 17

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2010

WESLEY E. DIXON, JR.  
P O BOX 133  
MCINTOSH, FL 32664

SUBJECT: TAMI'S LLC  
Ref. Number: L05000063806

We have received your document for TAMI'S 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):

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Deborah Bruce  
Regulatory Specialist II

Letter Number: 610A00019280

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10 OCT - 8 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tami's 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:

Wesley E. Dixon, Jr.  
Name of Person

Tami's LLC  
Firm/Company

P O Box 133  
Address

McIntosh, Fl 32664  
City/State and Zip Code

chip@heritagemanagement.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wesley E. Dixon at ( 352 ) 843-0292  
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

**FILED**  
10 OCT - 8 AM 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Tami's LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

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

(b) Mailing address of limited liability company: Tami's LLC

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

2605 SW 33<sup>rd</sup> St Bldg 100, Sk 105  
Ocala FL 34471

June 27, 2005

3. Date of filing/registration in Florida

L05000063806

4. Document number

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

Registered Agent: James P Hines, Esq.

Registered Office Address: Hines Norman Hines, P.L.  
315 Hyde Park Ave  
Tampa, FL 33606

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

**NEW Registered Agent:** Wesley E. Dixon, Jr.

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 2605 SW 33<sup>rd</sup> St.  
Bldg. 100, Ste 105  
Ocala, FL FL 34471

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]  
Signature of a member or authorized representative of a member

Wesley E. Dixon, Jr.  
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.

[Signature]  
Signature of Registered Agent

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

FILED  
OCT - 8 AM 11:00  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA