L0500001571

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE
NOV 0 6 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2012

WILLIAM STINSON INVESTMENTS, LLC C/O WILLIAM STINSON 4211 ROYAL PALM BEACH BOULEVARD W PALM BEACH, FL 33411

SUBJECT: WILLIAM STINSON INVESTMENTS, LLC

Ref. Number: L05000067571

Our records indicate the registered agent for the above named limited liability company resigned on May 18, 2012 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) Recomplete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6051.

Brenda Tadlock

Division of Corporations

Letter Number: 112A00022067

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: William Stivson Name of Limited L	INVESTMENTS L Liability Company	<u>LC</u> ,	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing	•	
Please return all correspondence concerning this matt	ter to the following:		
William A STUSON Name of Person			
William Stikson INOS	Stmexels		
4211 Roype Parm BEACHBI	1 VD.		
WPB, FL 33411 City/State and Zip Code	<u> </u>	12 NOI SECRE TALLAH	<u>ښ</u>
E-mail address: (to be used for future annual report notification)	<u>+</u>	FILED FILED 1-5 PH 12: TARY OF STASSEE, FLO	TY NOV
For further information concerning this matter, please	e call:	2: 47 ORID	<u></u>
William A. SHIISON at (Area Code & Daytime Telephone Number	<u></u>	
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	nt:		

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

\$25 Filing Fee

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. liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited ler to change its registered office or registered
1. Name of the limited liability company:	IAM STINSON INVESTMENTS LL
2. (a) Principal office address of limited liability compan	y: 991 STINSON Way
(Note: MUST BE STREET ADDRESS)	BECUEDERE WEST INDUSTRIA PAR
(b) Mailing address of limited liability company:	WPB, FL 33411
(Note: MAY BE POST OFFICE BOX)	WPB, PA 133411
3. Date of filing/registration in Florida	1.0500006757/ 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	1 MUTENCE M. BURRELL
Registered Office Address:	2880 SOUTH EAST DOWNWIND
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: William A. Shinson 4211 Royal Palm Best Blue, was, FL 3341
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	erely reflect a change in the registered office in the registered office in writing of this change.

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