

LO5000077828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

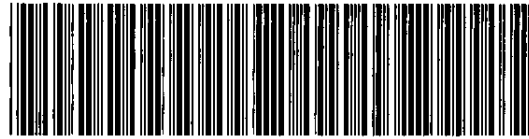
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900211273959

08/22/11--01016--021 \*\*35.00

241 SEP - 1 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP - 2 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2011

OLDE FLORIDA PAYROLL, LLC  
15205 COLLIER BLVD., SUITE 206  
NAPLES, FL 34119

SUBJECT: OLDE FLORIDA PAYROLL, LLC  
Ref. Number: L05000077828

We have received your document for OLDE FLORIDA PAYROLL, 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 111A000197

2011 SEP - 1 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Olde Florida Payroll 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:

Greg Borden  
Name of Person

Olde Florida Payroll LLC  
Firm/Company

3940 Prospect Ave. Suite 105  
Address

Naples, FL 34104  
City/State and Zip Code

gborden@oldefloridapayroll.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Borden at (239) 566-3888  
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  
SEP - 1 PM 1:24  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: Old Florida Payroll LLC  
2. (a) Principal office address of limited liability company: 3940 Prospect Ave, Suite 105  
Naples, FL 34104  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_

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

3. Date of filing/registration in Florida: 8/8/05  
4. Document number: LO5000077828

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

Registered Agent:

Registered Office Address:

Gregory L Borden  
15205 Collier Blvd #206  
Naples, FL 34119  
FILED  
SEP - 1 PM 1:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Greg Borden  
3940 Prospect Ave. Suite 105  
Naples, FL 34104  
\_\_\_\_\_, FL \_\_\_\_\_

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.

Greg Borden  
Signature of a member or authorized representative of a member

Greg Borden  
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.

Greg Borden  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00