

LD5000094803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

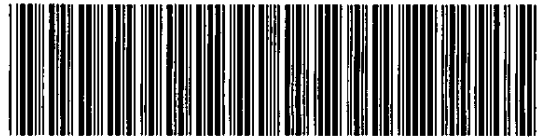
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400144154714

02/23/09--01014--012 \*\*35.00

FILED  
09 AUG -4 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 05 2009  
EXAMINER

COVER LETTER

TO: " Registration Section  
Division of Corporations

SUBJECT: SUNSTATE INVESTIGATIONS, 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:

DONALD MCHAFFEE  
(Name of Person)

SUNSTATE INVESTIGATIONS  
(Firm/Company)

P.O. BOX 1691  
(Address)

TAVARES, FL 32778  
(City/State and Zip Code)

FILED  
09 AUG -4 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DON MCHAFFEE at ( 877 ) 836-9982  
(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

February 26, 2009

DONALD MCHAFFIE  
P.O. BOX 1691  
TAVARES, FL 32778

SUBJECT: SUNSTATE INVESTIGATIONS, LLC  
Ref. Number: L05000094803

**FILED**  
09 AUG -4 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SUNSTATE INVESTIGATIONS, 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 209A00006778

**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: SUNSTATE INVESTIGATIONS, LLC

2. (a) Principal office address of limited liability company: 1550 GROVE CT  
TAVARES, FL 32778  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: P.O. Box 1691  
TAVARES, FL 32778  
**(Note: MAY BE POST OFFICE BOX)**

10-20-2005  
3. Date of filing/registration in Florida

L05000094803  
4. Document number

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

Registered Agent:

DONALD H. MCHAFFEE

Registered Office Address:

1550 GROVE CT  
TAVARES, FL 32778

**FILED**  
09 AUG -4 PM 3:31  
SECRETARY 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)**

1111 LAKESHORE DRIVE, C3  
EUSTIS, FL 32726  
, 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.

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

DONALD H. MCHAFFEE  
(Printed or typed name of signer)

*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 of Registered Agent)

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