

LOS0000099171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

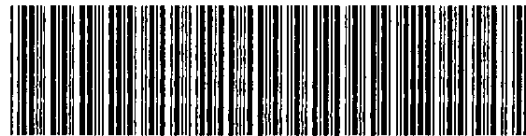
LOS-99171

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400197661424

03/16/11--01028--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 25 AM 8:36

N. Sullivan MAR 28 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2011

MITCHELL S. GOLDMAN, ESQ.
CANTWELL, FOUGEROUSSE & GOLDMAN, PA
96 WILLARD STREET, SUITE 302
COCOA, FL 32922

SUBJECT: ERDMAN PARTNERS, LLC
Ref. Number: L05000099171

We have received your document for ERDMAN PARTNERS, 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 411A00006537

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERDMAN PARTNERS, 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:

Beth Baxter
Name of Person

ERDMAN PARTNERS, LLC
Firm/Company

445 E. Merritt Island Cswy.
Address

Merritt Island, FL 32952
City/State and Zip Code

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

For further information concerning this matter, please call:

Beth Baxter at (321) 453-2050 x144
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

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: ERDMAN PARTNERS, LLC

2. (a) Principal office address of limited liability company: 445 E. Merritt Island Cswy.

(Note: MUST BE STREET ADDRESS)

Merritt Island, FL 32952

(b) Mailing address of limited liability company: 445 E. Merritt Island Cswy.

(Note: MAY BE POST OFFICE BOX)

Merritt Island, FL 32952

03/22/2011

3. Date of filing/registration in Florida

L05000099171

4. Document number

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

Registered Agent:

Robert L. Beals PA

Registered Office Address:

96 Willard Street, Suite 302
Cocoa, Florida 32922

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

NEW Registered Agent:

Mitchell S. Goldman, Esq.

NEW Registered Office Address:

96 Willard Street, Suite 302

(MUST BE FLORIDA STREET ADDRESS)

Cocoa, FL 32922

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

Michael H. Erdman

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 of Registered Agent

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

FILING FEE: \$25.00