

LD5000103454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

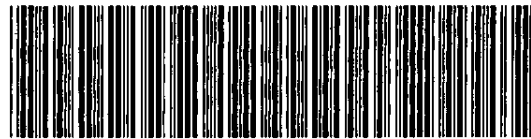
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Marianna Limestone, 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:

C. Leon Brooks

Name of Person

Marianna Limestone, LLC

Firm/Company

P.O. Box 1505

Address

Marianna, FL 32447

City/State and Zip Code

NikkiBethea@BetheaEngineering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Leon Brooks

Name of Person

at ( 850 )

526-3580

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: Marianna Limestone, LLC

2. (a) Principal office address of limited liability company: 3333 Valley View Road

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

Marianna, Florida 32446

(b) Mailing address of limited liability company:

Marianna Limestone, LLC

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

P.O. Box 1505

Marianna, Florida 32447

10/20/2005

L05000103454

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

M. Austin Forman

Registered Office Address:

888 S.E. 3rd Avenue, Suite 501

Fort Lauderdale, Florida 33316

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

**NEW** Registered Agent:

C. Leon Brooks

**NEW** Registered Office Address:

2307 Little Pines Drive

(**MUST BE FLORIDA STREET ADDRESS**)

Marianna

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.

C. Leon Brooks  
Signature of a member or authorized representative of a member

C. Leon Brooks

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.

C. Leon Brooks  
Signature of Registered Agent

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

FILING FEE: \$25.00

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11 NOV -8 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA