

#### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000195979 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: BUSINESS FILINGS

Account Number : 105256001620

Phone

: (608)827-5300

Fax Number

: (608)827-5501

### REGISTERED AGENT CHANGE

#### **PURSUIT HOLDINGS, LLC**

Certificate of Status	0
Cartified Copy	i
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing May AUG - 4 2006 Help

ZE:E1 900Z-50-50H

SOLA JATOT

## HOLO001959793

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1. The name of the limited liability company is: Pursuit Holdings, LLC  2. The mailing address of the limited liability company is: 16722 Valseca De Avila,  Tampa, Florida 33613  10/24/2005  3. Date of filing/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Business Filings Incorporated	Pursuant to the provi liability company sub- agent, or both, in the S	sions of sections 608.41 nits the following staten state of Florida.	l6 or 608.508, Flor nent in order to cha	rida Statutes, the unde inge its registered offic	rrsigned limit ce or register	ted red
2. The mailing address of the limited liability company is: 16722 Valseca De Avila,  Tampa, Florida 33613  10/24/2005  1. Date of filing/registration in Florida  2. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Business Filings Incorporated  Name  1203 Governors Square Blvd, Suite 101  Address  Tallahassee, Florida 32301-2960  City, State and Zip  6. The name and address of the new registered agent and/or office:  Nancy Baron  16722 Valseca De Avila  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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 bereby confirmed that the change(s) was five re unfortized by an affirmative vote of the emphers 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 of signer)  Nancy Baron, Member  (Printed or typed same 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 families with and accept the obligations of my position as registered agent as provided of printed and particles. The reference is the obligations of my position as registered agent as provided of the cappet of the company has been notified in writing of this change.	1. The name of the lin	nited liability company is	Pursuit Holding	js, LLC		
Tampa, Florida 33613  10/24/2005  3. Date of filting/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Business Fillings Incorporated  Name  1203 Governors Square Blvd, Suite 101  Address  Tallahassee, Florida 32301-2960  City, State and Zip  6. The name and address of the new registered agent and/or office:  Nancy Baron  16722 Valseca De Avila  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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 bereby confirmed that the change(s) was were awhorized 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 of signer)  Nancy Baron, Member  (Printed or typed assue 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 families with and accept the obligations of my position as registered agent as provided of ince address. I hereby confirm that the timized liability company has been notified in writing of this change.						
3. Date of filing/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Business Filings Incorporated   Name   1203 Governors Square Blvd, Suite 101   Address   Tallahassee, Florida 32301-2960   -2 ORPORTS   Addr						
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Business Filings Incorporated	10/24/2005		1.05	5000104409		
Florida Department of State:  Business Fillings Incorporated  Name  1203 Governors Square Blvd, Suite 101  Address  Tallahassee, Florida 32301-2960  City, State and Zip  6. The name and address of the new registered agent and/or office:  Nancy Baron  16722 Valseca De Avila  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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 of signer)  Nancy Baron, Member  (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 compane of my duties, and address in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.	3. Date of filing/regist	ration in Florida	4. De	ocument number		
1203 Governors Square Blvd, Suite 101  Address  Tallahassee, Florida 32301-2960  City, State and Zip  6. The name and address of the new registered agent and/or office:  Nancy Baron  16722 Valseca De Avila  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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 affurnative 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 of a member of the appointment as registered agent and agree to act in this capacity. I further agree to comply whith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with any decept the obligations of my position as registered agent as provided for in Chapter 508, r. S. Or, if this document is being filled to merely reflect a change in the registered office address. I hereby confirm that the timited liability company has been notified in writing of this change.	5. The name of the reg Florida Department	istered agent and the regi	istered office addres	s as shown on the reco	rds of the	
Address Tallahassee, Florida 32301-2960 City, State and Zip 6. The name and address of the new registered agent and/or office:  Nancy Baron  16722 Valseca De Avila  Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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 authorized representative of a member)  Nancy Baron, Member  (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 familiate with app decept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. I hereby configm that the limited liability company has been notified in writing of this change.	•	Business Filings I	ncorporated		<b>-</b> =	2
Tallahassee, Florida 32301-2960  City, State and Zip  6. The name and address of the new registered agent and/or office:    Name   Name		1203 Governors S		101		. 5 <u>1</u> 50
City, State and Zip  6. The name and address of the new registered agent and/or office:    Name		Tallahaesee Flori		<del></del>	ı 😭	125 T
Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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.  Nancy Baron, Member  (Printed or typed assue of signes)  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, P.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby contem that the limited liability company has been notified in writing of this change.		· · · · · · · _			2	327
Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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.  Nancy Baron, Member  (Printed or typed assue of signes)  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, P.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby contem that the limited liability company has been notified in writing of this change.	6. The name and addre	•	•		A RPUK	39; 12;51
Florida street address (P.O. Box NOT acceptable)  Tampa  FL 33613  City, State and Zip  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.  Nancy Baron, Member  (Printed or typed assue of signes)  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, P.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby contem that the limited liability company has been notified in writing of this change.		Nancy Baron			<del>-</del> -	ÀE BE
Tampa  FL 33613  City, State and Zip  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 subscrized representative of a member)  Nancy Baron, Member  (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 adartes, I hereby confirm that the limited liability company has been notified in writing of this change.		16722 Valseca De	Name Avila		ယ ခွဲ	Ā
City, State and Zip  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 authorized representative of a member)  Nancy Baron, Member  (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 bids, F.S. Or, if this document is being filled 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.		Florida street addre	ss (P.O. Box NOT	acceptable)		
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		Tampa	FL 33613			
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 of authorized representative of a member]  Nancy Baron, Member  [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, P.S. Or, if this document is being filled 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.		City,	State and Zip	<del></del>		
(Printed or typed name of signes)  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 filled 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.	confirmed that after the and the business office liability company, it is the members of the lin the operating agreement that the confirmed that after the confirm	e change or changes are to of the registered agent whereby confirmed that the change of the limited liability company on the limited liability	made, the Florida st will be identical. Or ic change(s) was/we r as otherwise provi- company.	reet address of the regis , in the case of a Florid are authorized by an affi	stered office la limited irmative vote	: <b>of</b>
(Printed or typed name of signes)  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 filled 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.	Nancy Baron, Mem	ber	•			
hance there		······································				
ANOTHER OF REMEINING AVERT	I hereby accept the arcomply with the provisund I am familiar with Chapter 608, F.S. Or address, I hereby conf	The state of the s	agent and agree to the proper and th	act in this capacity. I fi I complete performance I registered agent as pr ect a change in the reg en notified in writing o	urther agree is of my futies rovided for in instered office finis change.	to s,

INHS18(10/99)

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