

LD5000115697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

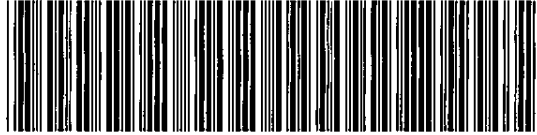
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 NOV -3 AM 8:09

FILED

THE HOGAN LAW FIRM®

We mean businessSM

October 27, 2008

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

Subject: Brooksville Civil Site Services, LLC.
Ref. Number: L05000115697


To Whom It May Concern:

I hereby am familiar with and except the duties and responsibilities as registered agent for said corporation.

Please except this letter as written acceptance of Registered Agent.

Should you have any further questions, please contact my Assistant, Kimberly at 352-799-8423.

Sincerely,

Deborah Hogan, Esq.
Deborah Hogan, Esq. 

DH/ko
Enclosure(s)

{00112774}

Brooksville Office: Post Office Box 485 • Brooksville, Florida 34605 • PH: (352)799-8423 • FX: (352)799-8294
Email: info@hoganlawfirm.com • Website: www.hoganlawfirm.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROOKSVILLE CIVIL SITE SERVICES, 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:

KIMBERLY O'NEILL

(Name of Person)

THE HOGAN LAW FIRM

(Firm/Company)

20 SOUTH BROAD STREET

(Address)

BROOKSVILLE, FLORIDA 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH HOGAN

(Name of Person)

at (352) 686-0334

(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
08 NOV -3 AM 8:09
STATE
TALLAHASSEE FLORIDA

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: BROOKSVILLE CIVIL SITE SERVICES, LLC

2. (a) Principal office address of limited liability company: 808 SARDIS STREET
(Note: **MUST BE STREET ADDRESS**) BROOKSVILLE FL 34601

(b) Mailing address of limited liability company: 20 SOUTH BROAD STREET
(Note: **MAY BE POST OFFICE BOX**) BROOKSVILLE FL 34601

October 27, 2008
3. Date of filing/registration in Florida

L05000115697
4. Document number

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

Registered Agent:

PREZZIE C RUSSELL III

Registered Office Address:

808 SARDIS STREET
BROOKSVILLE FL 34601

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

NEW Registered Agent:

THE HOGAN LAW FIRM

NEW Registered Office Address:

20 SOUTH BROAD STREET

(**MUST BE FLORIDA STREET ADDRESS**)

BROOKSVILLE FL 34601

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.

Deborah Hogan, Esq.
(Signature of a member or authorized representative of a member)

Deborah Hogan, Esq.
(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.

Deborah Hogan
(Signature of Registered Agent)

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