

LD5000119904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

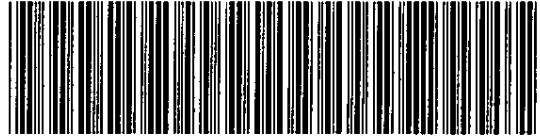
Special Instructions to Filing Officer:

L. SELLERS

JAN 14 2009

EXAMINER

Office Use Only



700138742127

12/15/08--01006--015 **25.00

FILED
09 JAN 13 AM 8:47
SCLERITY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Birdeen L Hanson, PE PLC
(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:

Birdeen L Hanson, PE
(Name of Person)

Birdeen L Hanson, PE PLC
(Firm/Company)

PMB 5970, PO Box 2428
(Address)

Pensacola, FL 32513
(City/State and Zip Code)

For further information concerning this matter, please call:

Birdeen L. Hanson at (845) 558-2818
(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

December 16, 2008

BIRDEEN L. HANSON PE
BIRDEEN L HANSON PE PLC
PMB 5970, P.O. BOX 2428
PENSACOLA, FL 32513

SUBJECT: BIRDEEN L. HANSON, PE, PLC
Ref. Number: L05000119904

We have received your document for BIRDEEN L. HANSON, PE, PLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 908A00060627

**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: Birdeen L Hanson, PE PLC

2. (a) Principal office address of limited liability company: 6161 Hollywood Blvd
Sarasota, FL 34231
(Note: MUST BE STREET ADDRESS)

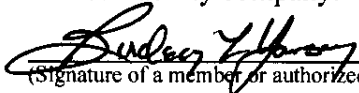
(b) Mailing address of limited liability company: PMB 5970
PO Box 2428
Pensacola, FL 32513
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 12/14/05
4. Document number: L05000119904

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Robert T. Harris
Registered Office Address: 6017 Crestwood Ave
Sarasota, FL 34231

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: _____
NEW Registered Office Address: 6017 Crestwood Avenue
(MUST BE FLORIDA STREET ADDRESS) Sarasota, FL 34231

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)

Birdeen L Hanson
(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**

FILED
09 JAN 13 AM 8:47
TALLAHASSEE, FLORIDA