

L06000047249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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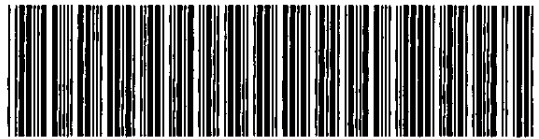
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seaside Scientific, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L060000047249

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Chaconas  
(Name of Contact Person)

Seaside Scientific, LLC  
(Firm/Company)

925 Beville Road, Unit 13  
(Address)

South Daytona, Florida 32119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve Chaconas at ( 386 ) 562-8545  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 10, 2007

STEVE CHACONAS  
925 BEVILLE RD  
UNIT 13  
S DAYTONA, FL 32119

SUBJECT: SEASIDE SCIENTIFIC LLC  
Ref. Number: L06000047249

We have received your document for SEASIDE SCIENTIFIC 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 807A00069330

**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. The name of the limited liability company is: SEASIDE SCIENTIFIC LLC
2. The mailing address of the limited liability company is : 925 BEVILLE ROAD  
UNIT #13, SOUTH DAYTONA, FL 32119
3. Date of filing/registration in Florida MAY 5, 2006
4. Document number LOG0000047249

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 100  
Address  
Tallahassee, FL 32301-2960  
City, State and Zip

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6. The name and address of the new registered agent and/or office:

Stephen Chaconas  
Name  
SEASIDE SCIENTIFIC LLC  
Florida street address (P.O. Box NOT acceptable)  
925 BEVILLE ROAD UNIT 13  
SOUTH DAYTONA, FL 32119  
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.

Stephen P. Chaconas  
(Signature of a member or authorized representative of a member)

STEPHEN P. CHACONAS  
(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.*

Stephen P. Chaconas  
(Signature of Registered Agent)

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