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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

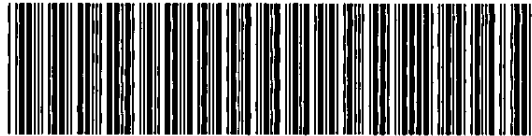
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TALLAHASSEE, FLORIDA

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SPECTOR AND EDWARDS
ATTORNEYS AT LAW
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Michael Edwards, P.A.

10024 S. Federal Highway
Port St. Lucie, Florida 34952
Tel: (772) 335-4949
Fax: (772) 335-7150

*Law Offices of
Robert L. Spector, P.A.*

1263 East Las Olas Blvd. Ste. 204
Ft. Lauderdale, Florida 33301
Tel: (954) 764-2909
Fax: (954) 463-3813

Please Reply to: Port St. Lucie

November 1, 2007

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

RE: St. Lucie County Warehosue, L.L.C.

Dear Sir or Madam:

Enclosed is the \$150.00 check along with the Limited Liability Company Reinstatement form, the \$25.00 check along with the Statement of Change of Registered Agent form, the \$25.00 check along with the Resignation of Managing Member form and the \$25.00 check along with the Articles of Amendment to Articles of Organization all for filing.

If you have any questions, please feel free to call.

Very truly yours,
MICHAEL EDWARDS, P.A.

Michael Edwards (km)
Michael Edwards

ME/km

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: St. Lucie County Warehouse, L.L.C.
(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:

Michael Edwards, P.A.
(Name of Person)

Spector and Edwards
(Firm/Company)

10024 S. Federal Highway
(Address)

Port St. Lucie, FL 34952
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Edwards at (772) 335-4949
(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

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: St. Lucie County Warehouse, L.L.C.
2. The mailing address of the limited liability company is : 1185 Buckhead Drive S.W., Vero Beach, FL 32968

INHS18 (8/05)