## L06000054994

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
AND ANASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations				
202 Tarania 11 C				
SUBJECT: 292 Taconic, LLC (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Bruce R. Abernethy, Jr.				
(Name of Person)	<del></del> _ • • •			
Bruce R. Abernethy, Jr., P.A.				
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
500 Virginia Avenue, Suite 202				
(Address)	· ·			
Fort Pierce, FL 34982				
(City/State and Zip Code)				
For further information concerning this matte	r, please call:			
Bruce R. Abernethy, Jr.	at (772 ) 489-4901			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	g amount:			
<b>✓</b> \$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.

	vo, voici.			
1. The name of the limited lial	oility company is: 292 T	aconic, LLC		
2. The mailing address of the	limited liability company	y is : 622 Beachland Blvd.		
Vero Beach, FL 32963				
05/22/2006		L06000054994		
3. Date of filing/registration in	ı Florida	4. Document numb	er	
5. The name of the registered a Florida Department of State:	gent and the registered (	office address as shown on	the records of the	
Bru	ce R. Abernethy, Jr.			
	Name	•	·	
900	Virginia Avenue, Suite	- -		
	Addre	··· · · · · · · · · · · · · · · · · ·	TASE 06	
Fort Pierce, FL 34982				
	City, State a	and Zin	至 3	
	•	•	SSE OF	
6. The name and address of the	new registered agent an	d/or office:	FILED  06 SEP 19 PH 2: 05  SECRETARY OF STATE TALLAHASSEE, FLORE	
Bruc	e R. Abernethy, Jr.		Fo No	
	Name			
<u>500 v</u>	Virginia Avenue, Suite 2	202	<b>P</b>	
Flo	rida street address (P.O.	Box NOT acceptable)		
Fort	Pierce, FL	34982		
	City, State an	d Zip	<del></del>	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby cof the members of the limited lor the operating agreement of the limited lore.	or changes are made, the gistered agent will be identified that the chang liability company or as one limited liability comp	e Florida street address of lentical. Or, in the case of e(s) was/were authorized b therwise provided in the a	the registered office a Florida limited ov an affirmative vote	
Bruce R. Abernethy, Jr.				
(Printed or typed name of signee)		<del></del>	-	
I hereby accept the appointmen comply with the provisions of a and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that t	nt as registered agent an ll statutes relative to the ppt the obligations of my cument is being filed to the limited liability comp	d agree to act in this capa proper and complete perfo position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	
(Signature of Registered Agent)				
A Proposition of the Proposition				

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