

LO6 000055732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

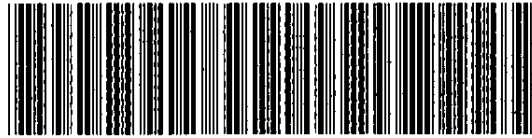
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

DEC 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERGIRL DESIGNS 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:

Shannon E. Sykes
Name of Person

SILVERGIRL DESIGNS, LLC
Firm/Company

5940 SW 1ST COURT
Address

CAPE CORAL, FL 33914
City/State and Zip Code

Shannon@sg-designz.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Sykes at (239) 541 0104
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

2009 DEC 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

2. (a) Principal office address of limited liability company: _____

5940 SW 1ST COURT
CAPE CORAL, FL 33914

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

4. Document number L06000055732

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

Registered Agent: Shannon E. Sylke

Registered Office Address: 5940 SW 1st Court

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

NEW Registered Agent: _____

NEW Registered Office Address: _____
(MUST BE FLORIDA STREET ADDRESS)

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

SHANNON E. SYKES
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

FILING FEE: \$25.00