

L06000060486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

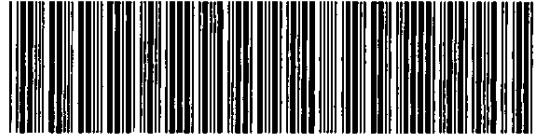
(Business Entity Name)

(Document Number)

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10 APR 28 PM 2:59  
SECRETARY OF STATE  
ALABAMA, FLORIDA

J. BRYAN

APR 29 2010

EXAMINER

**LAW OFFICES OF JAMES P. COVEY, P.A.**

**1111 S. Federal Highway, Suite 118  
Stuart, Florida 34994  
772-286-5820  
FAX 772-286-1505**

**884 17<sup>th</sup> Street  
Vero Beach, Florida 32960  
772-770-6160  
FAX 772-770-6074**

**Mailing Address:  
Post Office Box 657  
Vero Beach, Florida 32961**

October 7, 2009

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Change of Registered Agent for Molle Enterprises, Inc.

To Whom it May Concern:

Enclosed is the Registered Agent/Registered Office change form for the above referenced corporation and a check in the amount of \$25.00 for filing of same.

Please note, any correspondence regarding this matter should be mailed to my Vero Beach address above.

Thank you,

  
James P. Covey, Esq.

Enclosures

**FILED**  
**10 APR 28 PM 2:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOLLE ENTERPRISES, 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:

ALENE S. MOLLE  
Name of Person

MOLLE ENTERPRISES, LLC.  
Firm/Company

896 NE SUMNER AVE  
Address

JENSEN BEACH, FL 34957  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALENE S. MOLLE at ( 772 ) 225-5787  
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

FILED  
10 APR 28 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: MOLLE ENTERPRISES, LLC.

2. (a) Principal office address of limited liability company: C/O ALENE S. MOLLE

☒ (Note: **MUST BE STREET ADDRESS**) 896 NE SUMNER AVE  
JENSEN BEACH, FL 34957

☐ (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

3. Date of filing/registration in Florida \_\_\_\_\_

4. Document number 106000060486

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

Registered Agent: RICHARD PALADINO

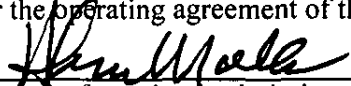
Registered Office Address: 505 S. FLAGLER DR.  
SUITE 1330  
WEST PALM BEACH, FL 33401

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

**NEW** Registered Agent: ALENE S. MOLLE

**NEW** Registered Office Address: 896 NE SUMNER AVE  
**(MUST BE FLORIDA STREET ADDRESS)** JENSEN BEACH, FL 34957

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 of authorized representative of a member

ALENE S. MOLLE  
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

FILE  
10 APR 28 PM 3:05  
SECRETARY OF  
TALLAHASSEE