

L06000071878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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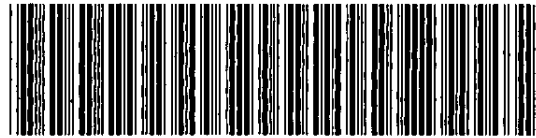
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
APR - 8 2008
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2008

PATRICIA CARR
1696 OLD OKEECHOBEE RD #3A
WEST PALM BEACH, FL 33409

SUBJECT: FLORIDA OUTDOORSMAN LLC
Ref. Number: L06000071878

We have received your document for FLORIDA OUTDOORSMAN LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 808A00015678

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Outdoorsman, LLC
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: LD6000071878

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

Please return all correspondence concerning this matter to:

Patricia Carr

(Contact Person)

Florida Outdoorsman, LLC

(Firm/Company)

1696 Old Okeechobee Rd #3A

(Address)

West Palm Beach, FL 33409

(City, State and Zip Code)

For further information concerning this matter, please call:

Patricia Carr

(Name of Contact Person)

at (561) 502-8062

(Area Code and Daytime Telephone Number)

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

STREET ADDRESS:

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

MAILING ADDRESS:

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

INHS04 (01/06)

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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: Florida Outdoorsman LLC
2. The mailing address of the limited liability company is : 1696 Old Okeechobee Rd.
#3A West Palm Beach, FL 33409
3. Date of filing/registration in Florida 7/19/2006
4. Document number LO60000718718
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lisa Monks De Oca

Name

2080 Pasa Verde Ln

Address

Weston, FL 33327

City, State and Zip

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

Patricia Carr

Name

1696 Old Okeechobee Rd #3A

Florida street address (P.O. Box NOT acceptable)

West Palm Beach, FL 33409

City, State and Zip

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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.

Patricia Carr

(Signature of a member or authorized representative of a member)

PATRICIA CARR

(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.

Patricia Carr

(Signature of Registered Agent)

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