## L0000080272

(Re	equestor's Name)	<del></del>
(Ac	ddress)	_
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		do
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## **COVER LETTER**

Registration Section Division of Corporations	·	
SUBJECT: Advisor	Manuer in Sentities Gample (Name of Limited Liability Company)	
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
William H. C. (Name of Pers	on)	
Advisin Mane (Firm/Company)	SERVICES GROUP, GER OF THAT	
8537 25 747 (Address)	ARY OF STATE SSET FLORIDA	
WEST State and Zin	BEACH A 334// STE 26	
For further information concerning	ng this matter, please call:	
(Name of Person)	at (561) 795-076 5 (Area Code & Daytime Telephone Number)	
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



March 8, 2007

WILLIAM H. HOOVER 8537 ESTATE DR WEST PALM BEACH, FL 33411

SUBJECT: ADVISOR MARKETING SERVICES GROUP, LLC

Ref. Number: L06000080272

We have received your document for ADVISOR MARKETING SERVICES GROUP, LLC and your check(s) totaling \$35.00. 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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 407A00016596 SECRETARY OF SEC

## 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: Advisor Marketino Services Group Lee
2. The mailing address of the limited liability company is: \$537 Expers ?
West Parm BEACH, FL 33411
3. Date of filing/registration in Florida  70600080272 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  BIL Filings William H. Hoosen Tallo Name  1203 Governors Gibbs 8537 Estate De  Address  Address  West Parm Beach Fe 33411  City, State and Zip
6. The name and address of the new registered agent and/or office:    William   Hoodin Ta   ARE TAR     Name   SST   STATE     Florida street address (P.O. Box NOT acceptable)   Florida     City, State and Zip   City   City
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)
William H. Hoovaw Tr. (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 statules 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.
Division of Corporations P.O. Roy 6327 Tallahassaa FI 32314
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (8/05)