

LD0000110689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

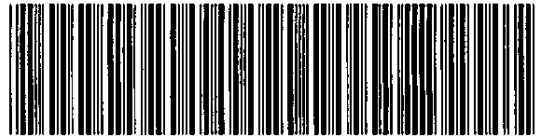
Special Instructions to Filing Officer:

**L. SELLERS**

SEP 24 2009

**EXAMINER**

Office Use Only



400159925024

08/31/09--01020--008 \*\*55.00

FILED  
09 SEP 23 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE IS GOOD II, 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:

Paul R. Audet

Name of Person

Life Is Good II, LLC

Firm/Company

P. O. Box 15848

Address

Fernandina Beach, FL 32035

City/State and Zip Code

paul.audet@att.net

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

For further information concerning this matter, please call:

Paul R. Audet

Name of Person

at ( 904 )

556-4238

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2009

PAUL R. AUDET  
P.O. BOX 15848  
FERNANDINA BEACH, FL 32035

SUBJECT: LIFE IS GOOD II, LLC  
Ref. Number: L06000110689

We have received your document for LIFE IS GOOD II, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 309A00029406

**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: LIFE IS GOOD II, LLC

2. (a) Principal office address of limited liability company: 5236 Sea Chase Dr. #1

☒ (Note: **MUST BE STREET ADDRESS**) Amelia Island, FL 32034

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

11/15/2006  
3. Date of filing/registration in Florida

L06000110689  
4. Document number

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

Registered Agent: Paul R. Audet

Registered Office Address: 85288 Blackmon Rd.  
Yulee, FL 32097

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

**NEW** Registered Agent: Paul R. Audet

**NEW** Registered Office Address: 5236 Sea Chase Dr. #1  
**(MUST BE FLORIDA STREET ADDRESS)**

Amelia Island, FL 32034

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.

Paul R. Audet  
Signature of a member or authorized representative of a member

Paul R. Audet

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.*

Paul R. Audet  
Signature of Registered Agent

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

FILED  
09 SEP 23 AM 8:23  
TALLAHASSEE FL  
SECRETARY OF STATE