

206000114017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

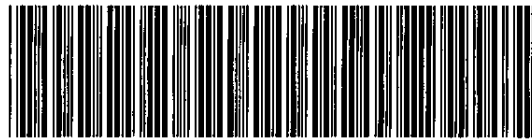
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900137649409

11/07/08--01015--013 **25.00

FILED

08 DEC - 1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABSOLO MANAGEMENT, 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:

KATHIE BAGGERMAN
(Name of Person)

ABSOLO MANAGEMENT, LLC.
(Firm/Company)

5053 OCEAN BLVD. - SUITE 27
(Address)

SARASOTA, FL 34242
(City/State and Zip Code)

FILED
08 DEC -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KATHIE BAGGERMAN at (941) 955-9120
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2008

KATHIE BAGGERMAN
5053 OCEAN BLVD., SUITE 27
SARASOTA, FL 34242

SUBJECT: ABSOLO MANAGEMENT, LLC
Ref. Number: L06000114017

We have received your document for ABSOLO MANAGEMENT, LLC and your check(s) totaling \$25.00. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 708A00056879

FILED
08 DEC -1 AM 8:48
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: ABSOLO MANAGEMENT, LLC.

2. (a) Principal office address of limited liability company: 5053 OCEAN BLVD. - STE. 27
(Note: MUST BE STREET ADDRESS) SARASOTA, FL 34242

(b) Mailing address of limited liability company: 5053 OCEAN BLVD. - STE. 27
(Note: MAY BE POST OFFICE BOX) SARASOTA, FL 34242

11/28/2006

L06000114017

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: JOSEPH ARSENAULT

Registered Office Address: 1990 MAIN STREET
750
SARASOTA, FL 34236

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

NEW Registered Agent: SAMANTHA CULLUM

NEW Registered Office Address: 5053 OCEAN BLVD. - SUITE 27
(MUST BE FLORIDA STREET ADDRESS) SARASOTA, FL 34242

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)

JOSEPH ARSENAULT

(Printed or typed name of signer)

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