

LD6000121257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

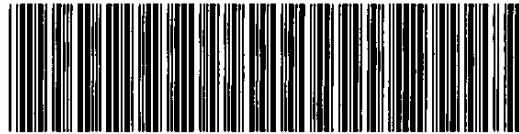
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 DEC 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CA Thomas DEC 19 2007

CHOICE INSURANCE MANAGEMENT, LLC

8201 PETERS ROAD, SUITE 1000

PLANTATION, FL 33324

TELEPHONE: (954) 916-2775

FACSIMILE: (954) 916-2776

December 13, 2007

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

Attached, see evidence of letter requesting to change agent to Jean Mitchell at Choice Insurance Management, LLC.

Please remove The Company Corporation effective immediately.
See copy of letter sent advising them I no longer will do business with their firm.

If you have any questions, please contact me at (954) 916-2775

Sincerely,



Jeanie Mitchell
President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHOICE INSURANCE MANAGEMENT, LLC

8201 PETERS ROAD, SUITE 1000

PLANTATION, FL 33324

TELEPHONE: (954) 916-2775

FACSIMILE: (954) 916-2776

December 13, 2007

The Company Corporation
2711 Centerville Road
Wilmington, DE 19808

Attached, see evidence of the invoice your company has mail to me, do not want you to represent Choice Insurance Management, LLC and longer effective today and I will not be renewing with you.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If you have any questions, please contact me at (954) 916-2775

Sincerely,



Jeanie Mitchell
President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOICE INSURANCE 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:

JEAN R. MITCHELL
(Name of Person)

CHOICE INSURANCE MANAGEMENT, LLC
(Firm/Company)

8201 PETERS ROAD, SUITE 100
(Address)

PLANTATION, FLORIDA 33324
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JEAN R. MITCHELL at (954) 916-2775
(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

**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: CHOICE INSURANCE MANAGEMENT, LLC
2. The mailing address of the limited liability company is : 8201 PETERS ROAD, SUITE 1000
PLANTATION, FLORIDA 33324

05/15/07 L06000121257
3. Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE, FLORIDA 32301

City, State and Zip

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

JEAN R. MITCHELL

Name

8201 PETERS ROAD, SUITE 1000

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

PLANTATION FL 33324

City, State and Zip

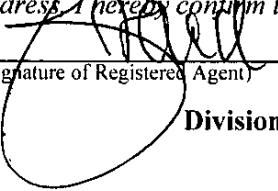
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

JEAN R. MITCHELL

(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

FILED
07 DEC 18 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA