

LO7000022601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

LO7-22601

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan

MAR 24 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH STAR INSURANCE GROUP, 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:

KEVIN M. DOVER
(Name of Person)

NORTH STAR INSURANCE GROUP, LLC
(Firm/Company)

35 HIDDEN LAKES TRAIL
(Address)

DEFUNIAK SPRINGS, FL 32433
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN M. DOVER at (850) 508-1441
(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

March 14, 2008

KEVIN M. DOVER
35 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433

SUBJECT: NORTH STAR INSURANCE GROUP LLC
Ref. Number: L07000022601

We have received your document for NORTH STAR INSURANCE GROUP 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 current Registered Agent information does not match our records. (see printout)

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00015670

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.

3. Date of filing/registration in Florida 3/21/08
4. Document number L070000 22601

- BUSINESS FILINGS INCORPORATED
Name
1203 GOVERNOR'S SQUARE BLVD, STE 101
Address
TALLAHASSEE, FL 32301
City, State and Zip

- KEVIN DOVER
Name
35 HIDDEN LAKES TRL
Florida street address (P.O. Box **NOT** acceptable)
DEERUNIAK SPRINGS FL 32433
City, State and Zip

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

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)

INHS18 (8/05)