## L0700036951

(Requestor's Nam	e)
(Address)	
(Address)	-
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	51
Certified Copies Certifica	tes of Status <u> ;</u> .
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S. HAWKES JUL 1 0 2009
EXAMINER

S. HAWKES

2000

**EXAMINER** 



June 30, 2009

ERIK F SZABO HIGLEY & SZABO HOLDINGS, LLC 185 WAYMONT COURT LAKE MARY, FL 32746

SUBJECT: HIGLEY & SZABO HOLDINGS, LLC

Ref. Number: L07000026951

We have received your document for HIGLEY & SZABO HOLDINGS, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 709A00022500

## **COVER LETTER**

Division of Corporat	ions
SUBJECT:	HIGLEY& SZABO HOLDINGS, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Ag	ent/Registered Office Change and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
EDIK	F. SZABO
	f Person
HIGLEY & SZAB	O HOLDINGS, LLC Company
185 WAYM	1ONT COURT
Addit	
	RY, FL 32746
City/State a	nd Zip Code
E-mail address: (to be used for	iglaw.com future annual report notification)
	cerning this matter, please call:
ERIK F. SZAI	BOat (407) 389-7833 X 1
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER	ADDRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporatio	
Clifton Building	P.O. Box 6327
2661 Executive Center Tallahassee, Florida 32	
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. Name of the limited liability company: HIGLI	EY & SZABO HOLDINGS, LLC	
2. (a) Principal office address of limited liability company	y: 185 WAYMONT COURT	
( <u>Note: MUST BE STREET ADDRESS</u> )	LAKE MARY, FL 32746	
(b) Mailing address of limited liability company:	185 WAYMONT COURT	
(Note: MAY BE POST OFFICE BOX)	LAKE MARY, FL 32	
03/12/07	107000025951	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Land of State:		
Registered Agent:	ERIK F. SZABO	
Registered Office Address:	986 Douglas Avenue, Suite 102	
	Altamonte Springs, FL 32714	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	ERIK F. SZABO	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	185 WAYMONT COURT	
(MUST BE FLORIDA STREET ADDRESS)	LAKE MARY ,FL32746	
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		
ERIK F. SZABO  Printed or typed name of signee	<del>-</del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me ararets, Thereby confirm that the limited liability companions of Registered Agent	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in their reflect a change in the registered office y has been notified in writing of this change.	

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

INHS18 (05/08)