

L07000036165

(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



500118032495

02/19/08--01014--017 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 19 AM 9:38

J. BRYAN MAR 20 2008

J. BRYAN

MAR 20 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2008

STEVEN R. LACY  
406 SILVER BLUFF, LLC  
339 SNOWBERRY CIRCLE  
VENETIA, PA 15367

SUBJECT: 406 SILVER BLUFF, LLC  
Ref. Number: L07000036165

FILED STATE  
SECRETARY OF CORPORATIONS  
08 MAR 19 AM 9:38

We have received your document for 406 SILVER BLUFF, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 208A00010770

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 406 Silver Bluff, 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:

Steven R. Lacy  
(Name of Person)

(Firm/Company)

339 Snowberry Circle  
(Address)

Venetia, PA 15367  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 19 AM 9:38

For further information concerning this matter, please call:

Steven R. Lacy at ( 412 ) 227-2889  
(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

Already paid - see cover sheet

**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: 406 Silver Bluff, LLC
2. The mailing address of the limited liability company is: 339 Snowberry Circle,  
Venetia, PA 15367
3. Date of filing/registration in Florida 4/10/07
4. Document number L07000036165

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Albertelli & Halsema, P.L.  
Name  
208 North Laura Street, Suite 900  
Address  
Jacksonville, FL 32202  
City, State and Zip

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

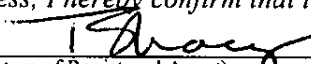
Thomas S. Lacy  
Name  
1396 Fairway Village Drive  
Florida street address (P.O. Box NOT acceptable)  
Orange Park FL 32003  
City, State and Zip

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)

Steven R. Lacy, President  
(Printed or typed name of signee)

*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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 19 AM 9:38