

L07000043806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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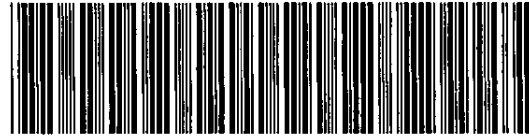
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATA 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:

ANTHONY C. SOVIERO

Name of Person

DATA MANAGEMENT, LLC.

Firm/Company

1025 W. INDIANTOWN ROAD, SUITE 106

Address

JUPITER, FLORIDA 33458

City/State and Zip Code

lisachinloy@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA CHIN LOY

Name of Person

at (561)

278-0098

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2012

ANTHONY C. SOVIERO
DATA MANAGEMENT, LLC
1025 W. INDIANTOWN ROAD, SUITE 106
JUPITER, FL 33458

SUBJECT: DATA MANAGEMENT, LLC
Ref. Number: L07000043806

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2012 JUN 19 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DATA 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 812A00015895

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: DATA MANAGEMENT, LLC.

2. (a) Principal office address of limited liability company: 1025 W. INDIANTOWN ROAD

(Note: MUST BE STREET ADDRESS)

SUITE 106
JUPITER, FLORIDA 33458

(b) Mailing address of limited liability company: 1025 W. INDIANTOWN ROAD

(Note: MAY BE POST OFFICE BOX)

SUITE 106
JUPITER, FLORIDA 33458

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:

ANTHONY C. SOVIERO

Registered Office Address:

824 W. INDIANTOWN ROAD
JUPITER, FL 33458

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

NEW Registered Agent:

ANTHONY C. SOVIERO

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1025 W. INDIANTOWN ROAD
SUITE 106
JUPITER, FL 33458

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

ANTHONY C. SOVIERO

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