

LD7000050307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

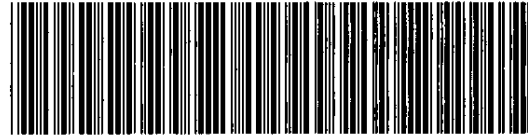
Special Instructions to Filing Officer:

**L. SELLERS**

NOV 12 2010

**EXAMINER**

Office Use Only



200187361972

~~200187361972~~  
11/10/10--01007--001 \*\*25.00

**FILED**  
10 NOV 10 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Coast Striping, 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:

Jacalyn N. Kolk, Esq.

Name of Person

Jacalyn N. Kolk, P.A.

Firm/Company

P.O. Box 59462

Address

Panama City, FL 32412

City/State and Zip Code

JNKolk@cs.com

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

For further information concerning this matter, please call:

Jacalyn N. Kolk

Name of Person

at ( 850 )

785-0535

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. Name of the limited liability company: Emerald Coast Striping, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

7603 Resota Beach Road  
Panama City, FL 32409

(b) Mailing address of limited liability company: \_\_\_\_\_

☒ \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

7603 Resota Beach Road  
Panama City, FL 32409

May 20, 2007

3. Date of filing/registration in Florida

L07000050307

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Allan Bense

Registered Office Address:

4116 Highway 231 North  
Panama City, FL 32404

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

**NEW** Registered Agent:

Allan G. Bense

**NEW** Registered Office Address:

1405 Beach Drive

**(MUST BE FLORIDA STREET ADDRESS)**

Panama City, FL 32401

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.

Allan G. Bense  
Signature of a member or authorized representative of a member

Allan G. Bense

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.*

Allan G. Bense  
Signature of Registered Agent

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