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JUN 17 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EMRgence, 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	g this matter to the following:		
•	•		
Susan Turcotte		•	
(Name of Person)			
EMRgence, LLC	·		
(Firm/Company)			
40004 Turne Lake Briss O. Va A	TAL TAL	32 Table	
12221 Towne Lake Drive, Suite A (Address)		CRE L	5 ¥
` ,	بند چو پر		1353°
Fort Myers, FL 33913	, in the second	TO P	
(City/State and Zip Code)	· ·	ZOOR JUH 16 PH 12: 59 SECRETARY OF STATE	energy Specific
For further information concerning this mat	tter, please call:	200	
Susan Turcotte	at (401) 323-0755		
(Name of Person)	(Area Code & Daytime Telephone Numb	er)	
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	ing amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (5/08)

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: EMRgeno	ce, LLC
2. (a) Principal office address of limited liability compa(Note: MUST BE STREET ADDRESS)	any: 12221 Towne Lake Drive, Suite A Fort Myers FL 33913
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12221 Towne Lake Drive, Suite A Fort Myers FL 33913
06/21/07	L07000065519 .
3. Date of filing/registration in Florida	4. Document number
 (a) Registered Agent and Registered Office shown of 	on the records of the Florida Dept. of State:
Registered Agent:	Susan Turcotte
Registered Office Address:	11920 Fairway Lakes Dr., #2 Fort Myers, FL 33913
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address:
NEW Registered Agent:	Susan Turcotte
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12221 Towne Lake Drive, Suite A
	Fort Myers FI 33913
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office; and the business e case of a Florida limited liability company, it is d by an affirmative vote of the members of the limited
Susan Turcotte	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.
(Signature of Registered Agent)	

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