

LD100007862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 26 2011

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11 MAY 24 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tryggvi Ingolfsson 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:

Tryggvi J. Ingolfsson
Name of Person

Tryggvi Ingolfsson LLC
Firm/Company

153 San Smith Cir
Address

Crawfordville FL 32327
City/State and Zip Code

tjngolfsson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tryggvi J. Ingolfsson at (850) 274-7669
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 \$35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2011

TRYGGVI INGOLFSSON
153 SAM SMITH CIR
CRAWFORDVILLE, FL 32327

SUBJECT: TRYGGVI INGOLFSSON LLC
Ref. Number: L07000077862

We have received your document for TRYGGVI INGOLFSSON 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 411A00011340

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: Tryggvi Ingolfsson LLC
2. (a) Principal office address of limited liability company: 153 Sam Smith Cir
Crawfordville, FL 32327
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 153 Sam Smith Cir
Crawfordville, FL 32327
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 07/30/2007
4. Document number: LO7000077862
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Corporation Service Company
Registered Office Address: 1201 Hays Street
Tallahassee FL 32301-2525 US
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Tryggvi Ingolfsson
NEW Registered Office Address: 153 Sam Smith Cir
(MUST BE FLORIDA STREET ADDRESS) Crawfordville, FL 32327

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 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.

Pres. Tryggvi
Signature of a member or authorized representative of a member

Tryggvi J. Ingolfsson Pres.
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Tryggvi 05/15/11
Signature of Registered Agent

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

FILED
MAY 24 PM 12:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE