

207000081169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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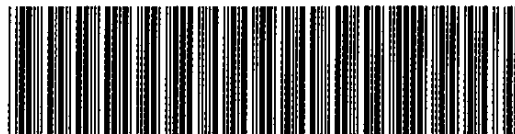
(Business Entity Name)

(Document Number)

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A. LUNT

DEC 24 2007

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITC Recovery, 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:

Sheila HuffmanDailey
(Name of Person)

ITC Recovery, LLC
(Firm/Company)

540 Bracey Road
(Address)

Lakeland, FL 33809
(City/State and Zip Code)

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For further information concerning this matter, please call:

Sheila HuffmanDailey at (863) 858-3038
(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

**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: ITC Recovery, LLC

2. The mailing address of the limited liability company is : _____

540 Bracey Road, Lakeland, FL 33809

December 18, 2007

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3. Date of filing/registration in Florida

4. Document number

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

Sheila Huffman Dailey and Eric Whitten

Name

540 Bracey Road

Address

Lakeland, FL 33809

City, State and Zip

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

Eric Whitten

Name

540 Bracey Road

Florida street address (P.O. Box NOT acceptable)

LAKELAND

FL 33809

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.

Sheila J. Huffman Dailey

(Signature of a member or authorized representative of a member)

Sheila J. Huffman Dailey

(Printed or typed name of signer)

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

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