

L07000085299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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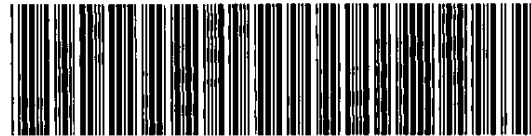
(Business Entity Name)

(Document Number)

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2010 AUG 26 PM 01:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2010

POLLY KERSKER LAYTON
ECLIPSE PROPERTY SOLUTIONS, LLC
PO BOX 328
ST PETERSBURG, FL 33731

SUBJECT: ECLIPSE PROPERTY SOLUTIONS LIMITED LIABILITY COMPANY
Ref. Number: L07000085299

We have received your document for ECLIPSE PROPERTY SOLUTIONS LIMITED LIABILITY COMPANY 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 the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 310A00019138

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ECLIPSE PROPERTY SOLUTIONS, L.L.C.
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:

POLLY K. LAYTON, PRESIDENT

Name of Person

ECLIPSE PROPERTY SOLUTIONS, L.L.C.

Firm/Company

700 SEVENTH AVENUE NORTH

Address

ST. PETERSBURG, FLORIDA 33701

City/State and Zip Code

pollyl@tampabay.rr.com

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

For further information concerning this matter, please call:

PETER W. KERSKER, ESQ.

Name of Person

at (727)

328-7040

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: ECLIPSE PROPERTY SOLUTIONS, L.L.C.

2. (a) Principal office address of limited liability company: 700 7TH AVENUE NORTH

☐ (Note: **MUST BE STREET ADDRESS**) ST. PETERSBURG, FLORIDA 33701

(b) Mailing address of limited liability company: 700 7TH AVENUE NORTH

☐ (Note: **MAY BE POST OFFICE BOX**) ST. PETERSBURG, FLORIDA 33701

AUGUST 21, 2007
3. Date of filing/registration in Florida

L07000085299
4. Document number

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

Registered Agent: NANCY L. MC CONNELL

Registered Office Address: 500 23RD AVENUE NORTH
ST. PETERSBURG, FLORIDA 33704

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

NEW Registered Agent: PETER W. KERSKER, ESQ.

NEW Registered Office Address: 600 40TH STREET NORTH # 301
(MUST BE FLORIDA STREET ADDRESS) ST. PETERSBURG, FLORIDA 33713
, FL

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.

Polly K. Layton
Signature of a member or authorized representative of a member

POLLY K. LAYTON, PRESIDENT
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.

Peter W. Kersker
Signature of Registered Agent

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