

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM St. Pierre P.E., 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:

SHARON M. St. Pierre
Name of Person

WILLIAM St. Pierre, P.E., LLC
Firm/Company

13895 Eastpointe Way
Address

PALM BEACH GARDENS, FL 33418
City/State and Zip Code

smstp@ptd.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON St. Pierre at (561) 776-0638
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL -2 PM 3:41

FILED

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: WILLIAM ST. PIERRE, P.E., LLC
2. (a) Principal office address of limited liability company: 13895 Eastpointe Way
(Note: **MUST BE STREET ADDRESS**) Palm Beach Gardens, FL 33418
- (b) Mailing address of limited liability company: Same
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 8/3/2007
4. Document number: L07000089846
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: The Company Corp.
Registered Office Address: 2711 Centerville Road
Wilmington, DE 19808
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: William J. St. Pierre
NEW Registered Office Address: 13895 Eastpointe Way
(**MUST BE FLORIDA STREET ADDRESS**) Palm Beach Gardens, FL 33418

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.

William J. St. Pierre
Signature of a member or authorized representative of a member

William J. St. Pierre, 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.

William J. St. Pierre
Signature of Registered Agent

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

FILED
0813 JUL -2 PM
TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2013

SHARON M. ST. PIERRE
WILLIAM ST. PIERRE, P.E., LLC
13895 EASTPOINTE WAY
PALM BEACH GARDENS, FL 33418

SUBJECT: WILLIAM ST PIERRE P.E. LLC
Ref. Number: L07000089846

2013 JUL -2 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for WILLIAM ST PIERRE P.E. 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 513A00013144

Previously mailed check
for \$35 as requested with
completed form. Enclosing additional
check for \$20 totaling \$55 - for filing
and certified copy. THANK YOU