

L07000115413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

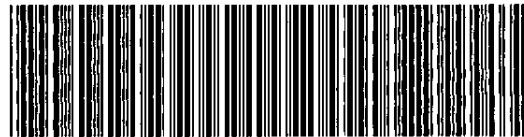
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500211061385

Pln.ck

08/29/11--01003--001 **25.00

Pln.ck

500211061385

10/26/11--01005--002 **80.00

filed

FILED

11 OCT 26 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

*Michelle - 10/26/11 7/0 chg.
Melkman*



October 24, 2011

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Federal Express Delivery

Subject: FLMIC-RP, LLC - L07000115413
FLMIC REAL PROPERTY, LLC - L07000115486

Dear Sir/Madam:

Enclosed please find a cashier's check in the amount of \$80.00, representing a replacement for the returned check for Debit Memo# 01281-B and Debit Memo# 01281-A.

Please also note that the change of registered agent mailing address for FLMIC Real Property, LLC was apparently filed under FLMIC-RP, LLC in error. The enclosed change for FLMIC-RP, LLC was returned in error. Can you please correct the filings, and feel free to give me a call should you have any questions. Thank you.

Sincerely,

Carol P. Coady
Office Administrator

encl.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
SEP 06 2011
FLMIC

August 31, 2011

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY
CAROL COADY
541 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

SUBJECT: FLMIC-RP, LLC
Ref. Number: L07000115413

We have received your document for FLMIC-RP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on August 29, 2011.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 611A00020282

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLMIC RP, 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:

Carol Coady
Name of Person

Florida Lawyers Mutual Insurance Company
Firm/Company

541 E. Mitchell Hammock Road
Address

Oviedo, Florida 32765
City/State and Zip Code

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

For further information concerning this matter, please call:

Carol Coady at () 800-633-6458
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. Name of the limited liability company: FLMIC RP, LLC

2. (a) Principal office address of limited liability company: 541 E. Mitchell Hammock Road

(Note: MUST BE STREET ADDRESS)

Oviedo, Florida 32765

(b) Mailing address of limited liability company:

541 E. Mitchell Hammock Road

(Note: MAY BE POST OFFICE BOX)

Oviedo, FL 32765

11/15/2007

3. Date of filing/registration in Florida

L07000115413

4. Document number

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

Registered Agent:

Carol P. Coady

Registered Office Address:

3504 Lake Lynda Drive
Orlando, FL 32817

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

541 E. Mitchell Hammock Road

Oviedo, FL 32765

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 E. Loucks, Pres.
Signature of a member or authorized representative of a member

William E. Loucks

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.

Carol P. Coady
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00