

L07000119829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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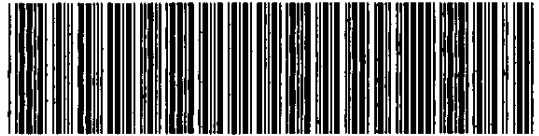
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J. BRYAN

JUN 11 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Government Administration Outsourcing, 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:

Dana Hanson

Name of Person

Government Administration Outsourcing,

Firm/Company

PO Box 244

Address

Clearwater, FL 33757

City/State and Zip Code

dhanson@govtadminoutsourcing.com

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

For further information concerning this matter, please call:

Dana Hanson

Name of Person

at ( 727 ) 293-8046

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2010

DANA HANSON  
GOVERNMENT ADMINISTRATION OUTSOURCING, L  
PO BOX 244  
CLEARWATER, FL 33757

SUBJECT: GOVERNMENT ADMINISTRATION OUTSOURCING, LLC  
Ref. Number: L07000119829

FILED  
10 MAY 24 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for GOVERNMENT ADMINISTRATION OUTSOURCING, 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):

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 510A00013150

**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: Government Administration Outsourcing LLC

2. (a) Principal office address of limited liability company:

☒ (Note: **MUST BE STREET ADDRESS**)

1246 Idlewild Dr  
Clearwater, FL 33755

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

PO Box 244  
Clearwater, FL 33757  
L 07000 1198297

December 3, 2007

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Jamie McPhee, CPA

Registered Office Address:

411 Cleveland #250  
Clearwater, FL 33755

(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)**

300 N. Prescott Avenue  
Clearwater, FL 33755  
, 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.

Dana Hanson 5/15/2010  
Signature of a member or authorized representative of a member

Dana Hanson  
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.

Signature of Registered Agent

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