

LD1000120782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

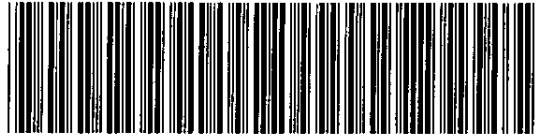
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

FEB 22 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL ABOUT INSURANCE 518 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:

Lois Behr
(Name of Person)

ALL ABOUT INSURANCE 518 LLC
(Firm/Company)

366 SE PORT ST LUCIE BLVD
(Address)

PORT ST LUCIE, FL 34984-5111
(City/State and Zip Code)

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For further information concerning this matter, please call:

Lois Behr at (772) 878-8857
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2008

LOIS BEHR
366 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984-5111

SUBJECT: ALL ABOUT INSURANCE 518 LLC
Ref. Number: L07000120782

We have received your document for ALL ABOUT INSURANCE 518 LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 308A00006947

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TALLAHASSEE, FLORIDA

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**STATE OF FLORIDA
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: All About Insurance 518 LLC

2. The mailing address of the limited liability company is : 366 SE Port St. Lucie Blvd.

Port St. Lucie, FL 34984-5111

12/04/2007

L07000120782

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:

Lois Behr

Name

705 Crepe Myrtle Circle

Address

Apopka, FL 32712

City, State and Zip

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

Lois Behr

Name

366 SE Port St. Lucie Blvd.

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

Port St. Lucie, FL 34984-5111

City, State and Zip

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TALLAHASSEE, FLORIDA

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.

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

Lois Behr
(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.

Lois Behr
(Signature of Registered Agent)

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