## L08000003684

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
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SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations		
SUBJECT: Scashole Gueral Compactus (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:		
Daved Dawoen (Name of Person)		
Seashere General Contractors		
4914 PACIFICO COURT		
PBa P1 33418		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
at ( )		
(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		



October 14, 2008

DAVID BOWDEN 4914 PACIFICCO COURT PALM BEACH GARDENS, FL 33418

SUBJECT: SEASHORE GENERAL CONTRACTORS, LLC Ref. Number: L08000003684

We have received your document for SEASHORE GENERAL CONTRACTORS, 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) 245-6067.

Letter Number: 608A00053636

Neysa Culligan Document Specialist

ROY 6327 Tallahasson Florida 32314

## 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 company submits the following statement in order to chan in the State of Florida.	R, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,
1. Name of the limited liability company:	shore General Contractor
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	PBG, FL 33418
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	<u>LOBOOOOO3689</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dent. of State:
Registered Agent:	Coeporation Seever Co.
Registered Office Address:	1201 Hayes ST FO Z
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address:  David Basses  4914 Register Evit  PBG  FL 334.8
If the limited liability company is not organized under the I that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)	t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limited
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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