

L08000005720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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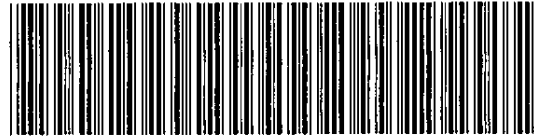
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. BRUCE

OCT 12 2010

EXAMINER

No \$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2010

JAMES HUGHEY
420 S.W. 11TH AVE.
HIGH SPRINGS, FL 32643

SUBJECT: SUPERIOR DESIGN CONSTRUCTION, LLC
Ref. Number: L08000005720

We have received your document for SUPERIOR DESIGN CONSTRUCTION, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A00022754

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR DESIGN CONSTRUCTION, 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:

JAMES HUGHEY
Name of Person

SUPERIOR DESIGN CONSTRUCTION, LLC.
Firm/Company

420 S.W. 11TH AVE.
Address

HIGH SPRINGS, FL 32642
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JIM HUGHEY at (386) 454-8242.
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: SUPERIOR DESIGN CONSTRUCTION, LLC.

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



(Note: **MUST BE STREET ADDRESS**)

420 SW 11th Avenue
High Springs, FL 32643

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 950
High Springs, FL 32643

JAN. 16, 2008
3. Date of filing/registration in Florida

LO8000005720
4. Document number

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

Registered Agent:

LENNARD DuBOISE

Registered Office Address:

420 SW 11th Ave.
HIGH SPRINGS, FL 32643

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

NEW Registered Agent:

JIM HUGHEY

NEW Registered Office Address:

420 S.W. 11TH AVE.

(MUST BE FLORIDA STREET ADDRESS)

HIGH SPRINGS, FL 32643

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.

Lennard DuBose
Signature of a member or authorized representative of a member

Lennard W. DuBose
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]
Signature of Registered Agent

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

FILING FEE: \$25.00