

LD8000014959

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LD8-14959

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SENERGY PARTNERS, 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:

Debra Millinowisch

Name of Person

Quarles & Brady LLP

Firm/Company

300 N. LaSalle Street, Suite 4000

Address

Chicago, IL 60654

City/State and Zip Code

CMcWilliams@dnpcas.com

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

For further information concerning this matter, please call:

Debra Millinowisch

Name of Person

at ( 312 )

715-5000

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

August 17, 2012

DEBRA MILLINOWISCH  
QUARLES & BRADY LLP  
300 N. LASALLE STREET, SUITE 4000  
CHICAGO, IL 6054

SUBJECT: SENERGY PARTNERS, LLC  
Ref. Number: L08000014959

We have received your document for SENERGY PARTNERS, 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 designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 112A00021254

**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: SENERGY PARTNERS, LLC

2. (a) Principal office address of limited liability company: 4982 SHAKER HEIGHTS COURT

*(Note: MUST BE STREET ADDRESS)*

#101  
NAPLES, FL 34112

(b) Mailing address of limited liability company: 4982 SHAKER HEIGHTS COURT

*(Note: MAY BE POST OFFICE BOX)*

#101  
NAPLES, FL 34112

02/11/2008  
3. Date of filing/registration in Florida

L08000014959  
4. Document number

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

Registered Agent:

NAPLES-LAWDOCK, INC.

Registered Office Address:

1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109

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

NEW Registered Agent:

DAVIDSON, NECK & CO., C.P.A.'S, INC.


NEW Registered Office Address:

2400 TAMiami TRAIL N., SUITE 201

*(MUST BE FLORIDA STREET ADDRESS)*

NAPLES FL 34103

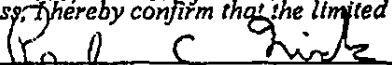
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

ALBERT SMALL, MANAGER

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

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12 MAR 31 AM 9:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE