

LO8000016887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

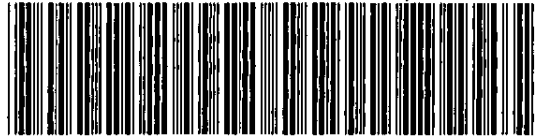
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

JAN 16 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2008

MARY HENDERSON
483 NW 87TH TERRACE
CORAL SPRINGS, FL 33071

SUBJECT: PENDULUM INSURANCE, LLC
Ref. Number: L08000016887

We have received your document for PENDULUM INSURANCE, 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 308A00057937

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SECRETARY OF
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2008

MARY HENDERSON
13978 hall hill pike
MILTON, TN 37118-4522

SUBJECT: PENDULUM INSURANCE, LLC
Ref. Number: L08000016887

We have received your document for PENDULUM INSURANCE, 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):

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Tammi Cline
Regulatory Specialist II

Letter Number: 308A00057937

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pendulum Insurance, 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:

Mary Henderson
(Name of Person)

(Firm/Company)

483 Nw 87th Terrace
(Address)

Coral Springs, FL 33071
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter M Granat at (305) 215-0175
(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: Pendulum Insurance, LLC +

2. (a) Principal office address of limited liability company: C/o Mary Henderson +
(Note: MUST BE STREET ADDRESS) 483 NW 87th Terrace +
Coral Springs, FL 33071 +

(b) Mailing address of limited liability company: C/o Mary Henderson +
(Note: MAY BE POST OFFICE BOX) 483 NW 87th Terrace +
Coral Springs, FL 33071 +

October 24, 2008

3. Date of filing/registration in Florida

L08000016887 +
4. Document number

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

Registered Agent: Corporation Service Company
Registered Office Address: 1201 Hayes Street
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

NEW Registered Agent: Mary Henderson
NEW Registered Office Address: 483 NW 87th Terrace
(MUST BE FLORIDA STREET ADDRESS) Coral Springs, FL 33071

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.

Peter M. Grand
(Signature of a member or authorized representative of a member)

Peter M Grand
(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**