

LD8 000040280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

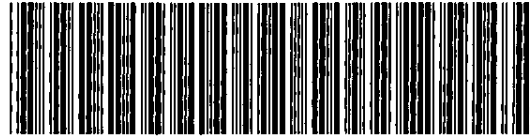
(Business Entity Name)

(Document Number)

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2012 JAN -6 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 9 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APODAN USA 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:

MALCOLM D. HALL

Name of Person

Tax & Accounting Complete Solutions CPA PA

Firm/Company

1349 S. International Parkway, Ste. 1401

Address

Lake Mary, FL 32746

City/State and Zip Code

deanhall@deanhallcpa.com

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

2012 JAN -6 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Malcolm Hall

Name of Person

at ( 407 )

878-3918

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: Apodan USA, LLC
2. (a) Principal office address of limited liability company: 1349 S. International Pkwy  
Suite 1401  
LAKE MARY, FL 32746  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 1349 S. International Pkwy  
Suite 1401  
LAKE MARY FL 32746  
**(Note: MAY BE POST OFFICE BOX)**
- 1-3-2011
3. Date of filing/registration in Florida
4. Document number L08000040280

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

Registered Agent:

Thumblson J. Doyle

Registered Office Address:

150 S. Palmetto Avenue  
Suite 300  
Daytona Beach, FL 32114

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

**NEW** Registered Agent:

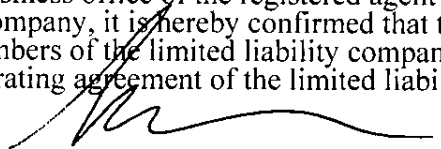
Malcolm D. Hall

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

1349 S. International Parkway  
Suite 1401  
Lake Mary, FL 32746

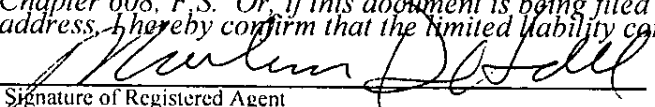
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida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

Gordon R. Harmon

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