

# L08000044559

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
2009 NOV 16 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

NOV 17 2009

**EXAMINER**

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WASHINGTON, DC

November 13, 2009

**VIA CERTIFIED MAIL/RETURN**  
**RECEIPT REQUESTED**

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

RE: Doctor Credit Automotive, LLC  
Doctorcreditnet, LLC  
Doctor Credit Business Pro, LLC

Dear Sir/Madam:

Enclosed you will find a Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for each of the above-referenced entities. Also enclosed you will find a check in the amount of \$25.00 in payment of the filing fee for each entity.

If you should have any questions, please contact my secretary, Carlotta Menard, at the above-toll free number.

Sincerely,



Jeffrey S. Kannensohn

JSK:csm  
Enclosures

NAPLES/576934 v.01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Doctor Credit Business Pro, 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:

Edward Carlton

Name of Person

Firm/Company

7948 Baymeadows Way, Suite 300

Address

Jacksonville, FL 32256

City/State and Zip Code

edward.carlton@doctorcreditusa.com

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

For further information concerning this matter, please call:

Edward Carlton

Name of Person

at ( )

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: Doctor Credit Business Pro, LLC

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



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

7948 Baymeadows Way, Suite 300  
Jacksonville, FL 32256

(b) Mailing address of limited liability company: \_\_\_\_\_



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

7948 Baymeadows Way, Suite 300  
Jacksonville, FL 32256

5/5/08  
3. Date of filing/registration in Florida

L08000044559  
4. Document number

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

Registered Agent: Linda R. Minck, Esq.

Registered Office Address: 5801 Pelican Bay Blvd., Suite 300  
Naples, FL 34108

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

**NEW Registered Agent:** Edward Carlton


**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 7948 Baymeadows Way, Suite 300  
Jacksonville, FL 32256

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

Edward Carlton  
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