

L08000051094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500143763425

02/19/09--01031--011 **35.00

FILED
09 MAR -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SunState 8506, 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:

John T. BAST JR.
(Name of Person)

Sunstate 8506, LLC
(Firm/Company)

195 Spring Lake Hwy
(Address)

Brooksville, FL 34602
(City/State and Zip Code)

FILED
09 MAR -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John T. BAST JR. at (813) 601-4545
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2009

JOHN T BAST JR.
195 SPRING LAKE HWY
BROOKSVILLE, FL 34602

SUBJECT: SUNSTATE 8506, LLC
Ref. Number: L08000051094

We have received your document for SUNSTATE 8506, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 309A00006132

FILED
09 MAR -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SUNstate 8506, LLC

2. (a) Principal office address of limited liability company: 195 Spring Lake Hwy
(Note: **MUST BE STREET ADDRESS**) Brooksville, FL 34602

(b) Mailing address of limited liability company: 195 Spring Lake Hwy
(Note: **MAY BE POST OFFICE BOX**) Brooksville, FL 34602

5/22/2008
3. Date of filing registration in Florida

L08000051094
4. Document number

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

Registered Agent:

LASMAN, Jeffery M ESQ
LASMAN LAE Firm, P.A.

Registered Office Address:

6152 Delaney Station St. Ste 200
River View, FL 33569 US

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

NEW Registered Agent:

John T. Bast Jr.

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**)

195 Spring Lake Hwy
Brooksville, FL 34602

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.

John T. Bast Jr.
(Signature of a member or authorized representative of a member)

John T. Bast Jr
(Printed or typed name of signer)

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.

John T. Bast Jr
(Signature of Registered Agent)

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

FILING FEE: \$25.00

FILED
09 MAR -3 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA