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(Address)

(City/State/Zip/Phone #)

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2009 MAY 20 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

MAY 21 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Affirmation Insurance Agency PL  
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:

Richard Miller  
Name of Person

Affirmation Insurance Agency  
Firm/Company

6821 46th Ave N  
Address

St. Pete FL 33709  
City/State and Zip Code

richard.g.w.miller@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Miller at (227) 644-7555  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 11, 2009

RICHARD G. MILLER  
6821 46TH AVE N.  
SAINT PETERSBURG, FL 33709

SUBJECT: AFFIRMATION INSURANCE AGENCY PL  
Ref. Number: L08000058680

We have received your document for AFFIRMATION INSURANCE AGENCY PL 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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 009A00015862

**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: Affirmation Insurance Agency A

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



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

6821 46th Ave N  
Saint Petersburg FL 33709

(b) Mailing address of limited liability company:



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

6821 46th Ave N  
Saint Petersburg FL 33709

June 13, 2008

3. Date of filing/registration in Florida

4. Document number

L08000058680

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

Registered Agent:

United States Corporate Agents Inc

Registered Office Address:

13302 Winding Oaks Blvd.  
Suite A100  
Tampa FL 33612

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

**NEW Registered Agent:**

Richard Miller

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

6821 46th Ave North  
Saint Petersburg FL 33709  
, FL

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.

Richard Miller

Signature of a member or authorized representative of a member

Richard Miller

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.

Richard Miller

Signature of Registered Agent

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

FILING FEE: \$25.00