

108000069062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

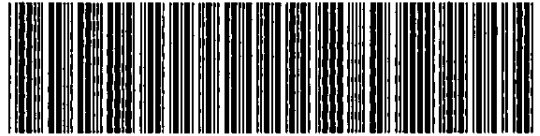
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181029130

05/19/10 01009 - 001 **25.00

FILED
10 MAY 19 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 20 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTION TINA 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:

Norman M Karlson
Name of Person

ACTION TINA LLC
Firm/Company

22862 John Silver LN
Address

Cubotob Key, FL 33042
City/State and Zip Code

N KARLSON @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

FILED
10 MAY 19 PM 3:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NORMAN KARLSON at (561) 768-3389
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: ACTION TINA LLC
2. (a) Principal office address of limited liability company: 22862 John Silver Ln
☒ (Note: **MUST BE STREET ADDRESS**) CUDJOE KEY, FL 33042
- (b) Mailing address of limited liability company: SAME
☐ (Note: **MAY BE POST OFFICE BOX**) LO80000 69062
3. Date of filing/registration in Florida: 7/17/08
4. Document number: LO80000 69062
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: UNITED STATES CORP AGENTS, INC
Registered Office Address: 320 S. FLAMINGO ROAD
SUITE 347
PEMPROKE PINES, FL 33707
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: EUNICE GALLETTS
NEW Registered Office Address: 2825 SW 22ND AVE SUITE 105
(MUST BE FLORIDA STREET ADDRESS) DELRAY BEACH, FL 33445

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.

Norman M. Karson
Signature of a member or authorized representative of a member

NORMAN M. KARSON
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.

Eunice Galletts
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00