

LD8000073031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

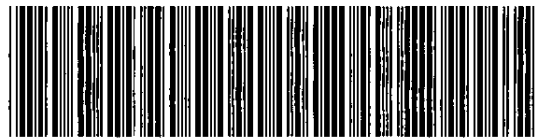
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TALLAHASSEE, FLORIDA

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T. CLINE

MAY - 4 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2009

MICHAEL PALERMO
P.O. BOX 8029
SEMINOLE, FL 33775

SUBJECT: OUTSIDE INTERESTS OF FLORIDA, LLC
Ref. Number: L08000073031

We have received your document for OUTSIDE INTERESTS OF FLORIDA, 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 109A00013516

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outside Interests of Florida, 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:

Michael A. Palermo
(Name of Person)

Outside Interests of Florida, LLC
(Firm/Company)

12424 Tree Street
(Address)

Largo, FL 33773
(City/State and Zip Code)

2009 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Michael A. Palermo at (727) 532-0868
(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: Outside Interests of Florida, LLC
2. (a) Principal office address of limited liability company: 12424 Tree Street
(Note: **MUST BE STREET ADDRESS**) Largo, FL 33773
- (b) Mailing address of limited liability company: P.O. Box 8029
(Note: **MAY BE POST OFFICE BOX**) Seminole, FL 33775-8029

7/28/08
3. Date of filing/registration in Florida

LO800007303
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
- Registered Agent: Corpdirect Agents, Inc.
- Registered Office Address: 515 East Park Avenue
Tallahassee, FL 32308

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

NEW Registered Agent:

Michael A. Palermo

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

12424 Tree Street

Largo, FL 33773

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.

Michael A. Palermo
(Signature of a member or authorized representative of a member)

Michael A. Palermo
(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.

Michael A. Palermo
(Signature of Registered Agent)

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

FILING FEE: \$25.00