

108000089004

(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

G. MCLEOD

NOV 24 2009

EXAMINER



200162622042

11/23/09--01031--008 **25.00

09 NOV 23 PM 3:35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST TAX & INSURANCE SERVICES, 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:

RICHARD A. VARTIGIAN

Name of Person

TREASURE COAST TAX & INSURANCE SERVICES

Firm/Company

23 ROYAL PALM POINTE, SUITE C-1

Address

VERO BEACH, FL 32960

City/State and Zip Code

TREASURECOASTTAX@COMCAST.NET

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

For further information concerning this matter, please call:

RICHARD A. VARTIGIAN

Name of Person

at (772)

770-9366

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: TREASURE COAST TAX & INSURANCE SERV

2. (a) Principal office address of limited liability company: 23 ROYAL PALM POINTE



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

SUITE C-1

VERO BEACH, FL 32960

(b) Mailing address of limited liability company: 23 ROYAL PALM POINTE



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

SUITE C-1

VERO BEACH, FL 32960

09/18/2008

L08000089004

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

HERNDON, BIRAN C.

Registered Office Address:

1971 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

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

NEW Registered Agent:

RICHARD A. VARTIGIAN

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

23 ROYAL PALM POINTE

SUITE C-1

VERO BEACH, FL 32960

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

JACK McENERNEY, MGRM

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.


Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 23 PM 3:08