

L08000091346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

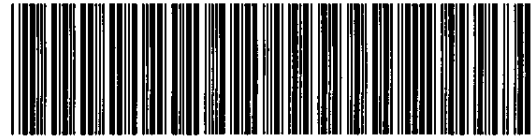
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400253938814

12/02/13--01023--012 \*\*35.00

2013 DEC 19 PM 4:39  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 20 2013

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUN LEISURE PRODUCTS, 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:

SHEILA LAFLEUR  
Name of Person

SUN LEISURE PRODUCTS, LLC  
Firm/Company

4490 N. W. 1, SUITE 103  
Address

BUNNELL, FL 32110.  
City/State and Zip Code

Sunleisureproducts@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheila LAFLEUR at (386) 313-5906.  
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: ALREADY SENT CHECK FOR 35.00.  
WAS NOT RETURNED TO ME.  
☒ \$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: SUN LEISURE PRODUCTS, LLC.
2. (a) <sup>(NEW)</sup> Principal office address of limited liability company: 4490 N US 1 SUITE 103  
BUNNELL, FL 32110.  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 4490 N US 1 SUITE 103  
BUNNELL, FL 32110.  
**(Note: MAY BE POST OFFICE BOX)**
- 9/25/2008
3. Date of filing/registration in Florida
4. Document number L08000091346.

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

Registered Agent:

LAFLEUR PAUL JMR.

Registered Office Address:

15 HARGROVE LN UNIT 2-1  
PANAMA CITY, FL 32139.

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

NEW Registered Agent:

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

4490 N. US 1 SUITE 103  
BUNNELL, FL 32110

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]  
Signature of a member or authorized representative of a member

SHALA LAFLEUR.  
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.

[Signature]  
Signature of Registered Agent

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2013

SHEILA A. LAFLEUR  
SUN LEISURE PRODUCTS, LLC  
4490 N. US 1, SUITE 103  
BUNNELL, FL 32110

SUBJECT: SUN LEISURE PRODUCTS LLC  
Ref. Number: L08000091346

2013 DEC 19 PM 4:39  
TALLAHASSEE, FL 32314

We have received your document for SUN LEISURE PRODUCTS 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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 513A00027722