

L08000115034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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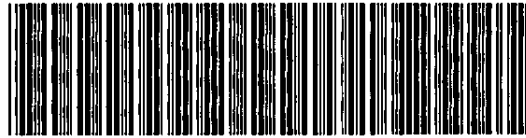
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**A. LUNT**

AUG 31 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Common Sense Associates, 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:

Dana Carmody

Name of Person

Common Sense Associates, LLC

Firm/Company

200 N. Wood River Ave.

Address

Wood River, IL 62095

City/State and Zip Code

commonsensecompanies@charter.net

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

For further information concerning this matter, please call:

Dana Carmody

Name of Person

at ( 618 )

251-0694

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

2011 AUG 29 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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• **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: Common Sense Associates, LLC

2. (a) Principal office address of limited liability company: Common Sense Associates, LLC

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

9118 Woodridge Run Dr.  
Tampa, FL 33647

(b) Mailing address of limited liability company: Common Sense Associates, LLC

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

200 N. Wood River Ave.  
Wood River, IL 62095

12/18/2008

L08000115034

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: Robert Wright

Registered Office Address: 305 15th Ave. NE  
St. Petersburg, FL 33704

(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)**

Common Sense Associates, LLC  
305 15th Ave. NE  
St. Petersburg, FL 33704

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.

Dana R. Carmody  
Signature of a member or authorized representative of a member

Dana R. Carmody

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 of Registered Agent

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

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AUG 29 PM  
TALLAHASSEE, FLORIDA