

L09006009613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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T. CLINE
MAR 13 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2012

JAN MARIE DOUGHTY, CPA
3000 N. ATLANTIC BLVD, SUITE 208
COCOA BEACH, FL 32931

SUBJECT: PRO DISPLAY TM, LLC
Ref. Number: L09000009613

We have received your document for PRO DISPLAY TM, 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 412A00007351

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Display Inc, 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:

Jan Marie Doughty
Name of Person

Jan Doughty, CPA LLC
Firm/Company

3000 N. Atlantic Ave #208
Address

Cocoa Beach, FL 32931
City/State and Zip Code

Admin@JanDoughtyCPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan Doughty, CPA at (321) 784-8329
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: Pto Display Tm, LLC
2. (a) Principal office address of limited liability company: Shorewood Bus Park
Barnsley Unit 5
South Yorkshire S74 9-LG
United Kingdom
Same

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

01/29/2009
3. Date of filing/registration in Florida

L09000009613
4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays St
Tallahassee, FL 32301

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

NEW Registered Agent:

Tan Marie Dougherty, CPA

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3000 N. Atlantic Ave
Suite 208
Cocoa Beach, FL 32937

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.

J. A. Beswick
Signature of a member or authorized representative of a member

J. A. BESWICK
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]
Signature of Registered Agent

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