

LD9000020866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

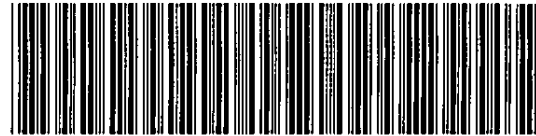
LD9-20866

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. O'Brien SEP 22 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wired Resolutions, 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:

Kerry Bosse

Name of Person

Wired Resolutions, LLC

Firm/Company

1428 Spanish Oak Way

Address

Wellington, FL 33414

City/State and Zip Code

kbosse@wiredresolutions.com

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

For further information concerning this matter, please call:

Kerry Bosse

Name of Person

at (561)

537-6437

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2009

KERRY BOSSEE
1428 SPANISH OAK WAY
WELLINGTON, FL 33414

SUBJECT: WIRED RESOLUTIONS LLC
Ref. Number: L09000020866

We have received your document for WIRED RESOLUTIONS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 309A00030205

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: Wired Resolutions, LLC

2. (a) Principal office address of limited liability company: 1428 Spanish Oak Way

☒ (Note: **MUST BE STREET ADDRESS**)

Wellington, FL 33414

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

March 3, 2009

L09000020866

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:

Business Filings Incorporated

Registered Office Address:

1203 Governors Square Blvd, Suite 101
Tallahassee, FL 32301-2690

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

NEW Registered Agent:

Kerry Bosse

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1428 Spanish Oak Way

Wellington, FL 33414

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

Kerry Bosse
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