

LD9000035618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LD9-35618

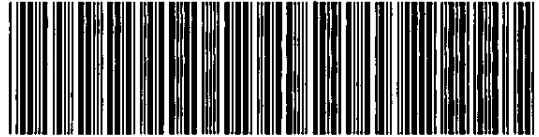
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAGE IN A DAY, 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:

JAMES DURHAM

Name of Person

STAGE IN A DAY, LLC

Firm/Company

421 SMITH ROAD

Address

APALACHICOLA, FL 32320

City/State and Zip Code

andydurham@fairpoint.net

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

For further information concerning this matter, please call:

James Durham

Name of Person

at (850)

653-2450

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

March 16, 2010

JAMES DURHAM
421 SMITH ROAD
APALACHICOLA, FL 32320

SUBJECT: STAGE IN A DAY, LLC
Ref. Number: L09000035618

We have received your document for STAGE IN A DAY, 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: 410A00006414

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: STAGE IN A DAY, LLC

2. (a) Principal office address of limited liability company: 421 SMITH ROAD

☐ (Note: **MUST BE STREET ADDRESS**)

APALACHICOLA, FLORIDA
32320

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

421 SMITH ROAD
APALACHICOLA, FL 32320

4/13/2009

3. Date of filing/registration in Florida

4. Document number

L09000035618

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

Registered Agent: RALPH J. GREENE III

Registered Office Address: 321 SMITH ROAD
APALACHICOLA, FL 32320

(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) 421 SMITH ROAD
APALACHICOLA, FL 32320

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.

James A. Durham
Signature of a member or authorized representative of a member

JAMES A. DURHAM

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.

Ralph J. Greene III
Signature of Registered Agent

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

FILING FEE: \$25.00