

LO9000042974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

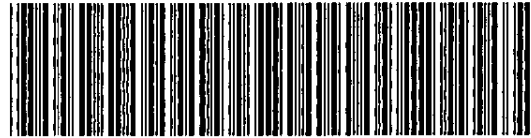
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
Apr. 5, 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2012

STUART LA HAISE / SYBO COMPOSITES LLC  
404 RIBERIA STREET  
ST AUGUSTINE, FL 32084

SUBJECT: SYBO COMPOSITES, LLC  
Ref. Number: L09000042974

We have received your document for SYBO COMPOSITES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return the corrected original and one copy of 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.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00010664

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sybo Composites 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:

Stuart La Haise

Name of Person

Sybo Composites LLC

Firm/Company

404 Riberia Street

Address

St. Augustine, Florida 32084

City/State and Zip Code

admin@sybocomposites.com

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

For further information concerning this matter, please call:

Stuart La Haise

Name of Person

at ( 904 )

599-3449

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: Sybo Composites LLC

2. (a) Principal office address of limited liability company: 404 Riberia Street

(Note: MUST BE STREET ADDRESS) St. Augustine, Florida 32084

(b) Mailing address of limited liability company: 404 Riberia Street

(Note: MAY BE POST OFFICE BOX) St. Augustine, Florida 32084

5/5/2009  
3. Date of filing/registration in Florida

L09000042974  
4. Document number

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

Registered Agent: Corporate Creations

Registered Office Address: 11380 Prosperity Farms Rd. #221E  
Palm Beach Gardens, Florida 33410

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

NEW Registered Agent: Niser Research LLC

NEW Registered Office Address: 404 Riberia Street

(MUST BE FLORIDA STREET ADDRESS) St. Augustine, FL 32084

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.

Stuart LaHaise  
Signature of a member or authorized representative of a member

Stuart LaHaise  
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.*

Stuart LaHaise  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA