

LO9000045488

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 01 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Co-Ordinated Benefit Plans, 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:

Lisa Sheridan

Name of Person

Co-Ordinated Benefit Plans, LLC

Firm/Company

18167 US Highway 19N

Address

Clearwater, FL 33764

City/State and Zip Code

lsheridan@cbpinsure.com

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

For further information concerning this matter, please call:

Richard Jones

at (800)

753-1000 x334

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

LISA SHERIDAN
18167 US HIGHWAY 19N
CLEARWATER, FL 33764

SUBJECT: CO-ORDINATED BENEFIT PLANS, LLC
Ref. Number: L09000045488

We have received your document for CO-ORDINATED BENEFIT PLANS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Date of filing and document number are missing. (Section 3 & 4)

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 417A00009936

2017 MAY 30 PM 5:03
TALLAHASSEE, FLORIDA

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2017 MAY 30 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Co-Ordinated Benefit Plans, LLC.

2. (a) 18167 US Highway 19N, Suite 180 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Clearwater, FL 33764

3. 5/11/09 Date of filing/registration in Florida 4. 609000045488 Document number

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

John Maloney

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3862 Central Avenue

St. Petersburg, FL 33711

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

Richard Jones

NEW Registered Office Address:

18167 US Highway 19N, Suite 180

Clearwater, FL 33764

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2017 MAY 30 PM 1:24
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TALLAHASSEE FLORIDA

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

Secretary
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 605, 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