

LD9000070172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L&M PROCESS & MOBILE NOTARY SERVICE, 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:

IRENE T DOLLEMAN
Name of Person

L&M PROCESS & MOBILE NOTARY SERVICE, LLC
Firm/Company

360 FOXGLOVE ROAD
Address

VENICE, FL 34293
City/State and Zip Code

midge243@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE DOLLEMAN at (941) 496-9325
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

April 2, 2010

IRENE T. DOLLEMAN
360 FOXGLOVE ROAD
VENICE, FL 34293

SUBJECT: L&M PROCESS AND MOBILE NOTARY SERVICE, LLC
Ref. Number: L09000070172

We have received your document for L&M PROCESS AND MOBILE NOTARY SERVICE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00008154

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: L&M Process & Mobile Notary Service, LLC

2. (a) Principal office address of limited liability company: 360 Foxglove Road

☒ (Note: **MUST BE STREET ADDRESS**)

Venice, FL 34293

(b) Mailing address of limited liability company: 360 Foxglove Road

☐ (Note: **MAY BE POST OFFICE BOX**)

Venice, FL 34293

7/22/2009
3. Date of filing/registration in Florida

L09000070172
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
The Company Corporation

Registered Office Address:

1201 Harts Street
2744 Centerville Road Suite 400

Wilmington, DE 19808

Tallahassee, FL 32301 US

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

NEW Registered Agent:

Irene Dolleman

NEW Registered Office Address:

360 Foxglove Road

(MUST BE FLORIDA STREET ADDRESS)

Venice, FL 34293

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

Irene Dolleman
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.

[Signature]
Signature of Registered Agent

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

FILE
10 APR 14 PM
SECRETARY OF
TALLAHASSEE, FL