

L09000089744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

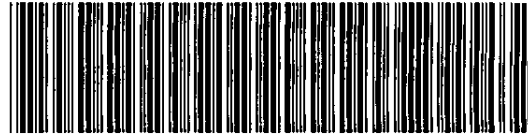
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

NOV 16 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE DONUT SHOP 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:

ANDREW S OLSON  
Name of Person

THE DONUT SHOP LLC  
Firm/Company

722 US 27 SOUTH  
Address

LAKE PLACID FL 33852  
City/State and Zip Code

CENTRALPAWN@EMBARQMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW OLSON at (863) 699-9006  
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

RECEIVED

10 NOV 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 2, 2010

ANDREW S OLSON  
722 US 27 SOUTH  
LAKE PLACID, FL 33852

SUBJECT: THE DONUT SHOP LLC  
Ref. Number: L09000089744

We have received your document for THE DONUT SHOP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 710A00025817

**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: THE DONUT SHOP LLC
2. (a) Principal office address of limited liability company: ANDREW S OLSON  
☐ (Note: MUST BE STREET ADDRESS) 722 US 27 SOUTH  
LAKE PLACID FL 33852
- (b) Mailing address of limited liability company: 722 US 27 SOUTH  
☐ (Note: MAY BE POST OFFICE BOX) LAKE PLACID FL 33852
- 11-5-02  
3. Date of filing/registration in Florida
- L09000089744  
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: UNITED STATES CORPORATION AGENTS, INC.  
Registered Office Address: 13302 WINDING OAKS BLVD  
A-100 TAMPA, FL 33612 US
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: ANDREW S OLSON  
NEW Registered Office Address: 722 US 27 SOUTH  
(MUST BE FLORIDA STREET ADDRESS) LAKE PLACID, FL 33852

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.

Andrew S Olson  
Signature of a member or authorized representative of a member

ANDREW S OLSON  
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.*

Andrew S Olson  
Signature of Registered Agent

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

FILED  
NOV 12 AM 9:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS