

LD9000100642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

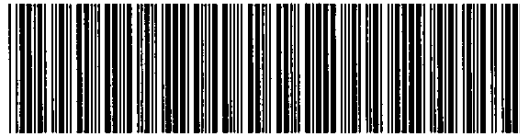
(Business Entity Name)

(Document Number)

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15 AUG 26 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 26 2015

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Integrated Employer Insurance, 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:

Danille Schultz  
Name of Person

Integrated Employer Insurance LLC  
Firm/Company

36181 E. Lake Rd #167  
Address

Palm Harbor, FL 34685  
City/State and Zip Code

danille@iemployersinsurance.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danille Schultz at (813) 481-3422  
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

15 AUG 24 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 13, 2015

DANELLE SCHULTZ  
36181 E LAKE RD  
# 167  
PALM HARBOR, FL 34685

SUBJECT: INTEGRATED EMPLOYER INSURANCE, LLC  
Ref. Number: L09000100642

We have received your document for INTEGRATED EMPLOYER INSURANCE, 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).

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 815A00017114

**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: Integrated Employer Insurance, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

36181 E Lake Rd, #167  
Palm Harbor, FL 34685

36181 E Lake Rd, #167  
Palm Harbor, FL 34685

3. 10/09/2009  
Date of filing/registration in Florida

4. LD9000100642  
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14115 Stilton Street  
Tampa FL FL 33626

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

**NEW** Registered Office Address:

36181 E Lake Rd, #167  
Palm Harbor FL 34685

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.

Danelle Schultz  
Signature of a member or authorized representative of a member

Danelle Schultz  
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 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.

Danelle Schultz  
Signature of Registered Agent

**FILED**  
15 AUG 26 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA