

L10000027896

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

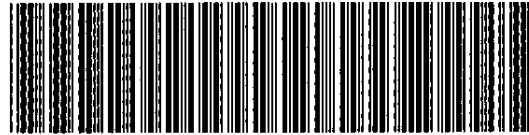
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# COLEMAN, HAZZARD, & TAYLOR, P.A.

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June 22, 2011

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

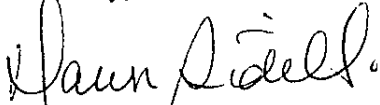
Re: Concrete Reinforcement Solutions, LLC  
Document No.: L10000027896  
Our File No. 8897-01

Dear Sir:

This law firm represents Concrete Reinforcement Solution, LLC. Please find enclosed the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with our firm's check #11309 in the amount of \$25.00 to cover your fees for changing the registered agent.

Should you have any questions regarding the above or attached, please do not hesitate to contact me at (239) 298-5205. Thank you for your assistance in this matter.

Sincerely,



Dawn R. Sedillo, FRP  
Fla. Registered Paralegal, #26440

Enclosures  
cc: client w/encls.  
/drs

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Concrete Reinforcement Solutions, 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:

Mr. Damian C. Taylor, Esq.

Name of Person

Coleman, Hazzard & Taylor, P.A.

Firm/Company

2640 Golden Gate Parkway, Suite 304

Address

Naples, FL 34105

City/State and Zip Code

dtaylor@chtlegal.com and dsedillo@chtlegal.com

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

For further information concerning this matter, please call:

Damian C. Taylor

Name of Person

at ( 239 ) 298-5208

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: Concrete Reinforcement Solutions, LLC
2. (a) Principal office address of limited liability company: 950 North Collier Blvd., #420  
Marco Island, FL 34145  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: same as above  
**(Note: MAY BE POST OFFICE BOX)**
- March 12, 2010 L100000027896
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Linda R. Minck, Esq.  
Registered Office Address: 9132 Strada Place, 3rd Floor  
Naples, FL 34108

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

NEW Registered Agent: Damian C. Taylor, Esq.  
NEW Registered Office Address: Coleman, Hazzard & Taylor, P.A.  
**(MUST BE FLORIDA STREET ADDRESS)** 2640 Golden Gate Parkway, Suite 304  
Naples, FL 34105

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 of a member or authorized representative of a member

Angela Brooks Carmignani  
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 of Registered Agent

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