

L10000036052

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cullen

OCT 26 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-State Psychology 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:

Dr. Nicole Manni's
Name of Person

Tri-State Psychology, LLC
Firm/Company

1804 Meeseeker Commons Drive Suite 206
Address

Tallahassee, FL 32308
City/State and Zip Code

tsp.n.manni's@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Manni's at (850) 274-0693
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

September 19, 2011

DR. NICOLE MANNIS
1804 MICCOSUKEE COMMONS DRIVE
SUITE 206
TALLAHASSEE, FL 32308

SUBJECT: TRI-STATE PSYCHOLOGY LLC
Ref. Number: L10000036052

We have received your document for TRI-STATE PSYCHOLOGY 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 611A00021629

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: Tri-State Psychology LLC

2. (a) Principal office address of limited liability company: _____

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

412 W. Washington
Chattahoochee, FL 32324

(b) Mailing address of limited liability company: _____

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

(SAME)
L100000305

3. Date of filing/registration in Florida _____

4. Document number _____

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

Registered Agent: _____

Nicole Manni

Registered Office Address: _____

412 W. Washington
Chattahoochee, FL 32324

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

NEW Registered Agent: _____

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

1804 Mico Sukee Commons Drive
Suite 206
Tallahassee, FL 32308

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.

Nicole L. Manni
Signature of a member or authorized representative of a member

Nicole L. Manni
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.

Nicole L. Manni
Signature of Registered Agent

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

FILING FEE: \$25.00