

L110000024039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

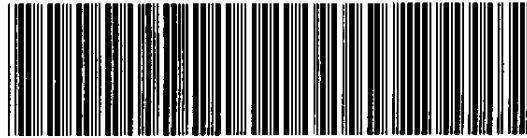
211-24039

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 22 AM 10:03

APR 25 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2011

MICHAEL J PARK  
3367 HIGHLAND WOODS DRIVE  
DUNEDIN, FL 34698

SUBJECT: PROGUIDELINES, LLC  
Ref. Number: L11000024039

We have received your document for PROGUIDELINES, 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: 811A00009087

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROGUIDELINES, 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:

MICHAEL PARK  
Name of Person

PROGUIDELINES, LLC  
Firm/Company

3367 HIGHLAND WOODS DR.  
Address

DUNEDIN, FLORIDA 34628  
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL PARK at ( 727 ) 560 6453  
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

Already Paid

See cover letter

**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: PROGUIDELINES, LLC
2. (a) Principal office address of limited liability company: 3367 HIGHLAND WOODS DR.

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

DUNEDIN FLORIDA 34698

- (b) Mailing address of limited liability company:

3367 HIGHLAND WOODS DR.

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

DUNEDIN FLORIDA 34698

2/24/11

L11000024039

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:

MICHAEL PARK

Registered Office Address:

2201 NE COACHMAN RD  
SUITE 200  
CLEARWATER, FLORIDA 33765

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

**NEW** Registered Agent:

MICHAEL PARK

**NEW** Registered Office Address:

3367 HIGHLAND WOODS DR

(**MUST BE FLORIDA STREET ADDRESS**)

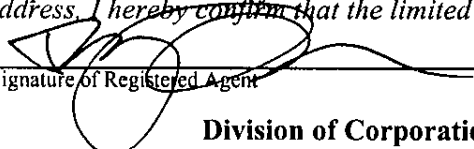
DUNEDIN, FL 34698

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

MICHAEL PARK  
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 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