

L11000032384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
12 JAN 17 PM 3:09

W. Hampton JAN 18 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ThinkUp, 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:

Pannsy Brown

Name of Person

ThinkUp, LLC

Firm/Company

6349 Castelven Dr, unit 102

Address

Orlando, FL 32835

City/State and Zip Code

Pannsy@thinkup.biz

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

For further information concerning this matter, please call:

Pannsy Brown

Name of Person

at (407) 505-2956

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

12 JAN 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 29, 2011

PANNSY BROWN
6349 CASTELVEN DR
UNIT 102
ORLANDO, FL 32835

SUBJECT: THINKUP, LLC
Ref. Number: L11000032384

We have received your document for THINKUP, 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 the corrected original and one copy of 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
Registration/Qualification Section

Letter Number: 611A00028826

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: ThinkUP, LLC

2. (a) Principal office address of limited liability company: 6017 Westgate Dr, #921
Orlando, FL 32835
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 6017 Westgate Dr, #921
Orlando, FL 32835
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: March 16, 2011

4. Document number: L11 0000 32384

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

Registered Agent: Pannsy K. Brown

Registered Office Address: 6017 Westgate Dr, #921
Orlando, FL 32835

(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**)

6349 Castelven Dr.
Unit 102
Orlando, FL 32835

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.

Pannsy K. Brown
Signature of a member or authorized representative of a member

Pannsy Brown
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.

Pannsy K. Brown
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 17 PM 3:09