

L11000069465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

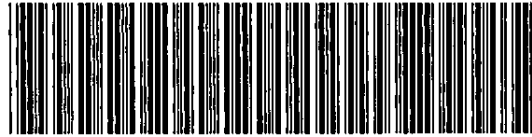
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
12 JUN 13 PM 2:49

JUN 14 2012

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CENTRAL FLORIDA MOBILE LIVESCAN FINGERPRINTING & CONSULTING 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:

WILLIAM SMITH  
Name of Person

CENTRAL FLORIDA MOBILE LIVESCAN FINGERPRINTING & CONSULTING LLC,  
Firm/Company

39 SW 3<sup>RD</sup> ST  
Address

WINTER HAVEN FL 33882  
City/State and Zip Code

WSMITH233@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL SMITH at (863) 398-8088  
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

11 JUN 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 30, 2012

WILLIAM J. SMITH  
188 CRANE LN  
HAINES CITY, FL 33844

SUBJECT: CENTRAL FLORIDA MOBILE LIVESCAN FINGERPRINTING &  
CONSULTING LLC  
Ref. Number: L11000069465

We have received your document for CENTRAL FLORIDA MOBILE LIVESCAN FINGERPRINTING & CONSULTING 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 312A00015523

**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: Pentair Florida Mobile Livestock Fingerprinting Consulting LLC

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

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

3<sup>RD</sup> ST SW #39  
Winter Haven, FL 33882

(b) Mailing address of limited liability company:

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

188 CRANE LANE  
HAINES CITY FL 33844

3. Date of filing/registration in Florida

6-8-2012

4. Document number

L11000069465

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

Registered Agent:

Florida Fling + Search SVC, INC.

Registered Office Address:

155 OFFICE PLAZA Dr. Suite A  
TALLAHASSEE FL 32301 US

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

**NEW** Registered Agent:

William J. Smith

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

188 CRANE LANE  
HAINES CITY FL, 33844

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.

William J. Smith  
Signature of a member or authorized representative of a member

William J. Smith  
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.

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

William J. Smith  
Signature of Registered Agent

FILED  
JUN 13 PM 2:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS