

L11000133505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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C. LEWIS
NOV 20 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SONSHINE TAX SERVICE 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:

ANDREW BROSKIE

Name of Person

LIBERTY TAX SERVICE

Firm/Company

2790 US 1 SOUTH

Address

ST. AUGUSTINE, FL 32086

City/State and Zip Code

LIBERTYTAXSERVICE17071@GMAIL.COM

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

For further information concerning this matter, please call:

ANDREW BROSKIE

Name of Person

at (904)

547-2040

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: SONSHINE TAX SERVICE LLC

2. (a) Principal office address of limited liability company: 2790 US 1 SOUTH

(Note: **MUST BE STREET ADDRESS**) ST. AUGUSTINE, FL 32086

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) 2790 US 1 SOUTH
ST. AUGUSTINE, FL 32086

3. Date of filing/registration in Florida 11/22/2012 4. Document number L11000133505

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

Registered Agent: INCORP SERVICES INC

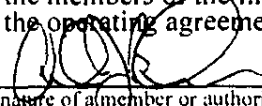
Registered Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

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

NEW Registered Agent: ANDREW BROSKIE

NEW Registered Office Address: 1939 CR 13A
(MUST BE FLORIDA STREET ADDRESS) ST. AUGUSTINE, FL 32086

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

ANDREW BROSKIE

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