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(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
FEB 29 2011	
EXAMINED	

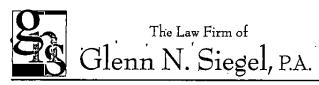
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Murdock Professional Center • 17825 Murdock Circle • Suite A • Port Charlotte, FL 33948 • (941) 255-1235 • Fax (941) 255-1223

Glenn N. Siegel Board Certified Civil Trial Attorney By The Florida Bar and by the National Board of Trial Advocacy

Certified Circuit Court Mediator

February 21, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Consolite, LLC

To Whom It May Concern:

Enclosed you will find a Registered Agent/Registered Office Change form along with our client's check in the amount of \$25.00 representing the filing fee. Please process the enclosed accordingly.

Thank you for your assistance in this matter.

Sincerely,

GLENN N. SIEGEL, P.A.

Kimberly A. Reese

Paralegal to Glenn N. Siegel

:kar Enclosure

COVER LETTER

ŤΟ:	Registration Section Division of Corporations						
SUB.	JECT:		nsolite,				
	Name of	Limite	d Liabilit	y Company			
Dear	Sir or Madam:	/					
The e	enclosed Registered Agent/Registered	Office	Change a	and fee(s) are su	bmitted fo	or filing.	•
Pleas	e return all correspondence concernin	g this m	atter to t	he following:			
•							
	Stephanie Mackey Name of Person			-			
	Name of Person						2
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				_			
	Firm/Company					25	ದ್ರ
						33.5	7
	116 Castile Court					m _m	
	Address			-			E
						受到	
						CIII;iin Joe	Cas
	Punta Gorda, Florida 3398	33		-			
	City/State and Zip Code						
	iralonso71@yahoo.com i-mail address: (to be used for future annual report	notificatio	on)	-			
**	-mail address. (to be used for future militar report	. notineati	<i>511)</i>				
For fi	urther information concerning this ma	tter, ple	ase call:				
	• • • • •						
	Stephanie Mackey	at (_	941) 3 rea Code & Daytime	21-7832 T		
	Name of Person		A	rea Code & Daytime	Telephone N	umber	
	STREET/COURIER ADDRESS:		MAI	LING ADDRES	S:		
	Registration Section		Regis	stration Section			
	Division of Corporations			ion of Corporation	ns		
	Clifton Building			Box 6327			
	2661 Executive Center Circle		Talla	hassee, Florida 32	2314		
	Tallahassee, Florida 32301						
	Enclosed is a check for the follow	ing amo	ount:				
	\$25 Filing Fee		\$55	Filing Fee & C	ertified Co	ору	

ŤΟ:

STÄTEMENT 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:	Consolite, LLC	_
2. (a) Principal office address of limited liability compa		any: 116 Castile Court	
	(Note: MUST BE STREET ADDRESS)	Punta Gorda, Elorida 33983	_
	(b) Mailing address of limited liability company:	116 Castile Court	_
	(Note: MAY BE POST OFFICE BOX)	Punta Gorda, Florida 33983	<u>T</u> 1
	January 30, 2012	上12000014084 2 「	Maria mari
3.	Date of filing/registration in Florida	4. Document number	
5.	(a) Registered Agent and Registered Office shown of	on the records of the Florida Dept- of States	-
	Registered Agent:	Glenn N. Siegel, P.A.	_
	Registered Office Address:	17825 Murdock Circle Suite A Port Charlotte, Florida 33948	_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>		Stephanie Mackey 116 Castile Court	_
		Punta Gorda ,FL33983	_
cor and lial of to or (the limited liability company is not organized under the infirmed that after the change or changes are made, the debility company, it is hereby confirmed that the change the members of the limited liability company or as of the operating agreement of the limited liability company and the operating agreement of the limited liability company and the ortyped name of signee Thereby accept the appointment as registered agent and any with the provisions of all statutes relative to the lapter 608, F.S. Or, if this document is being filed to induce the limited liability company of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.	l
Sig	mature of Registered Agent		

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