

L/2000014084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



The Law Firm of  
**Glenn N. Siegel, P.A.**

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.**

By: 

Kimberly A. Reese  
Paralegal to Glenn N. Siegel

:kar  
Enclosure

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consolite, 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:

Stephanie Mackey

Name of Person

Firm/Company

116 Castile Court

Address

Punta Gorda, Florida 33983

City/State and Zip Code

jralonso71@yahoo.com

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

For further information concerning this matter, please call:

Stephanie Mackey

Name of Person

at ( 941 )

321-7832

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

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TALLAHASSEE, FLORIDA

**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: Consolite, LLC

2. (a) Principal office address of limited liability company: 116 Castile Court

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

Punta Gorda, Florida 33983

(b) Mailing address of limited liability company: 116 Castile Court

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

Punta Gorda, Florida 33983

January 30, 2012

3. Date of filing/registration in Florida

L12000014084

4. Document number

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

Registered Agent: Glenn N. Siegel, P.A.

Registered Office Address: 17825 Murdock Circle Suite A  
Port Charlotte, Florida 33948

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

**NEW Registered Agent:** Stephanie Mackey

**NEW Registered Office Address:** 116 Castile Court

**(MUST BE FLORIDA STREET ADDRESS)**

Punta Gorda, FL 33983

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.

Stephanie Mackey  
Signature of a member or authorized representative of a member

Stephanie Mackey  
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.*

Stephanie Mackey  
Signature of Registered Agent

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