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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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B. BOSTICK
JUL 18 2013
EXAMINER

COVER LETTER -

TO: Registration Section Division of Corporations

SUBJECT: Donovan Research & 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:

John Donovan

Name of Person

Donovan Research & Consulting, LLC

Firm/Company

15707 Starling Water Drive

Address

Lithia, Florida 33547-3927

City/State and Zip Code

jddonov@yahoo.com

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

For further information concerning this matter, please call:

John Donovan

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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

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: Do	ovan Research & Consulting, LLC	_
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	SS) Gainesville, Florida	_
	32607	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	X) Gainesville, Florida	
	32607	
June 25, 2012	L12000085091	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Offi	e shown on the records of the Florida Dept. of State:	
Registered Agent:	John Donovan	
Registered Office Address:	520 SW 28th St	- ,
	Gainesville, Florida	
	32607	_
		•
(b) Enter name of NEW Registered Age	t and/or NEW Registered Office address:	.,
	راماً المساور المام ا	•
NEW Registered Agent:	John Donovan $≅ ∵ ω$ $ω$	
	- ω	
NEW Registered Office Address:	15707 Starling Water Drive	
<u>(MUST BE FLORIDA STREET AD</u>		
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that		of
John Donovan		
Printed or typed name of signee	······································	
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obliga Chapter 608, F.S. Or, if this document is bei address, I hereby confirm that the limited liai	agent and agree to act in this capacity. I further agree	to

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