

- L13 0060 20741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT*

☐ MAIL

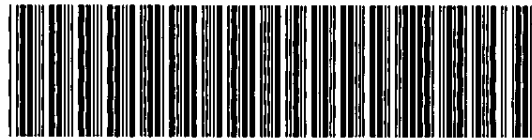
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

LOUIS WILCOVE
175 1ST ST SOUTH #2502
ST PETERSBURG, FL 33701

SUBJECT: WILCOVE SPECIALIZED SOLUTIONS, LLC
Ref. Number: L13000020741

We have received your document for WILCOVE SPECIALIZED SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00027837

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilcoe Specialized Solutions, 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:

Louis A. Wilcoe
Name of Person

WILCOE SPECIALIZED SOLUTIONS
Firm/Company

175 1st STREET, SOUTH #2502
Address

ST PETERSBURG, FL 33701
City/State and Zip Code

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

For further information concerning this matter, please call:

Louis Wilcoe at (858) 775-2748
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: WILCOLE SPECIALIZED SOLUTIONS, LLC
2. (a) Principal office address of limited liability company: 175 1st STREET, SOUTH #2502
ST PETERSBURG
FL 33701
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: _____
STATE
(Note: **MAY BE POST OFFICE BOX**)
- 2-1-13
3. Date of filing/registration in Florida
- 46-2015789
4. Document number

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

Registered Agent:

BIZ FILINGs

Registered Office Address:

8040 EYECESOR DR

200

MADISON, WI 53717

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

NEW Registered Agent:

LOUIS A. WILCOLE

NEW Registered Office Address:

175 1st STREET, SOUTH #2502

(**MUST BE FLORIDA STREET ADDRESS**)

ST PETERSBURG, FL 33701

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]

Signature of a member or authorized representative of a member

LOUIS A. WILCOLE

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]

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00