## 117000141766

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2014

DONALD FISHER 2898 W GULF DR SANIBEL, FL 33957

SUBJECT: LYNDON GROUP OF FLORIDA, LLC

Ref. Number: L13000141760

We have received your document for LYNDON GROUP OF FLORIDA, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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: 114A00000471

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LYNDON GROUP Name of Limited L	ability 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:		
DONALD J FISHER  Name of Person		
Firm/Company		
2898 W. GULR DR Address		
SANIBEL FL 339 17 City/State and Zip Code	<del></del>	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
DOMALD 5. FISHER at (317) 339-1424		
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (12/13)

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Lyndon	Group of FLORIDA, LC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	2898 W. GULFDR SANIBEL, FL 33951
3. Date of filing/registration in Florida	<u>513000141760</u> 1. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	GEORGE W DAVIS
Registered Office Address:	S830 MIDDLE BROOK DR FORT HYERS, FL 33908
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	DONALD J. FISHER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2898 W. GULF DR SANIBER -,FL 33957
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	ws of the State of Florida, it is hereby orida street address of the registered office
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the proj and I am familiar with and accept the obligations of my pos Chapter 605. F.S. Or, if this document is being filed to mere address I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature NP Registered Agent	

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