

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pennington Insurance Services

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:

David Pennington

Name of Person

Pennington Insurance Services

Firm/Company

10440 US Hwy 1 North, Unit 107

Address

St Augustine, FL 32095

City/State and Zip Code

david.pennington@allstate.com

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

For further information concerning this matter, please call:

David Pennington

at (225)

4858524

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2019

DAVID PENNINGTON
10440 US HWY 1 NORTH, UNIT 107
ST AUGUSTINE, FL 32095

SUBJECT: PENNINGTON INSURANCE SERVICES, LLC
Ref. Number: L19000165997

We have received your document for PENNINGTON INSURANCE SERVICES, 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):

Section 5(b) cannot be left blank. Please complete this section with the new registered agent's information.

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 919A00022650

2019 DEC -1 AM 11:56

RECEIVED

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Pennington Insurance Services
2. (a) 10440 US Hwy 1 N, Unit 107 (b) 10440 US Hwy 1 N, Unit 107

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

St Augustine, FL 32095

St Augustine, FL 32095

06/24/2019

L19000165997

3. Date of filing/registration in Florida

4. Document number

5. (a) PENNINGTON, DAVID

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

768 2ND ST N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE BEACH, FL 32250

(b) PENNINGTON, DAVID
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10440 US Hwy 1 N, SUITE 107
NEW Registered Office Address:

ST AUGUSTINE, FL 32095

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.

David Pennington

Signature of a member or authorized representative of a member

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 605, 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 of Registered Agent