

L99000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

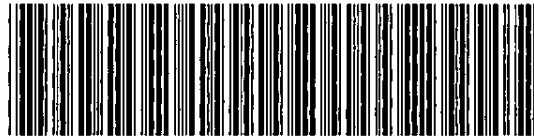
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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 27 2008

EXAMINER

L99-1384



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2008

PETER BROCK
4650 DONALD ROSS ROAD, STE 200
PALM BEACH GARDENS, FL 33418

SUBJECT: DONALD ROSS/MILITARY, L.C.
Ref. Number: L99000001384

We have received your document for DONALD ROSS/MILITARY, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 708A00054154

2008 OCT 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Donald Ross/Military, L.C.
(Name of Corporation)

DOCUMENT NUMBER: 65-0913524

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Brock
(Name of Contact Person)

Donald Ross/Military, L.C.
(Firm/Company)

4650 Donald Ross Road, Ste 200
(Address)

Palm Beach Gardens, FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Brock at (561) 684-1040
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2008 OCT 24 PM 3:00
SECRETARY OF STATE
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: Donald Ross/Military, L.C.
2. (a) Principal office address of limited liability company: 4650 Donald Ross Rd
Ste. 200
PAIM BEACH GARDENS, FL 33418
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 4650 Donald Ross Rd
Ste. 200
PAIM BEACH GARDENS, FL 33418
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 3-11-1999
4. Document number: 65-0913524
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: TOM HAMILTON
Registered Office Address: 4650 Donald Ross Rd
Ste 200
PAIM BEACH GARDENS, FL 33418
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: ARTHUR KAHLENBERG
NEW Registered Office Address: 4650 Donald Ross Rd
Ste 200
PAIM BEACH GARDENS, FL 33418
(**MUST BE FLORIDA STREET ADDRESS**)

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 of a member or authorized representative of a member)

Peter Brock

(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 of Registered Agent)

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

FILING FEE: \$25.00

FILED
OCT 24 PM 3:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE