

M07000006046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

B. KOHR

SEP 12 2008

EXAMINER

Office Use Only

608A 00046933

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Financial Forensic Services, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Burt Hodge

(Name of Person)

\_\_\_\_\_  
(Firm/Company)

842 E. Park Ave., Ste. B

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Dickerson

(Name of Person)

at ( 303 ) 974-5610

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

08 SEP 12 PM 4:15  
FLORIDA  
TALLAHASSEE, FLORIDA  
FILED  
S. C. C. B. L. U. S. T. A. T. E.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2008

BURT HODGE  
842 E. PARK AVE., STE. B  
TALLAHASSEE, FL 32301

SUBJECT: FINANCIAL FORENSIC SERVICES, LLC  
Ref. Number: M07000006046

08 SEP 12 PM 4:15  
FILED  
FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FINANCIAL FORENSIC 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):

Please note that we have RETAINED your \$25.00 payment.

The form you have used can only be used for Florida LLC's.

Since FINANCIAL FORENSIC SERVICES, LLC is a Nevada LLC, it must use Foreign LLC's forms.

In order to change your R.A., you should file a Foreign LLC R.A. change form. The fee to file this is \$25.00.

In order to change the MANAGING MEMBER, you should file an Affidavit By Foreign LLC To Change Managing Members.

The fee to file this form is \$25.00.

We will apply the \$25.00 fee we are holding to one of these filings. Please send an ADDITIONAL \$25.00 to cover the other filing.

Now there is one other thing you could do. You could make both changes on a FOREIGN LLC AMENDMENT form and pay just one \$25.00 fee.

But with the FOREIGN LLC AMENDMENT, you must present either a certified copy of the amendment you filed in Nevada, or a current Good Standing Certificate from Nevada. There is no certification requirement with the Affidavit and the R.A. Change forms.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 608A00046933

FILED  
08 SEP 12 PM W 15  
FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Financial Forensic Services, 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:

Joe Dickerson  
(Name of Person)

Financial Forensic Services, LLC  
(Firm/Company)

PO Box 270807  
(Address)

Littleton, CO 80127  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Dickerson at ( 303 ) 974-5610  
(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: Financial Forensic Services, LLC
2. (a) Principal office address of limited liability company: CO = 7413 S. Parfet CT, Littleton, CO 80127  
(Note: MUST BE STREET ADDRESS)  
FL = 842 E. Park Ave., STE B, Tallahassee, 32301

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

PO Box 270807  
Littleton, CO 80127

3. Date of filing/registration in Florida 10/9/07
4. Document number M07000006046

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

Registered Agent: Scott Longo

Registered Office Address: 14326 Red Cardinal CT  
Windermere, FL 34786

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

NEW Registered Agent: Burt Hodge

NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)

842 E. Park Ave., STE B

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
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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.

Stephanie Dickerson  
(Signature of a member or authorized representative of a member)

Stephanie Dickerson  
(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.*

X  
(Signature of Registered Agent)

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