

M07000007305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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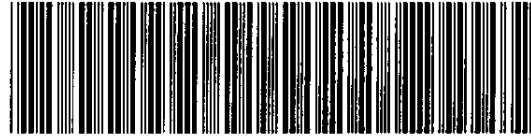
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sequel Electrical Supply, 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:

Judith A. McInnis

Name of Person

Sequel Electrical Supply, LLC

Firm/Company

P. O. Box 3579

Address

Meridian MS 39303-3579

City/State and Zip Code

judy@sequelelectricalsupply.com

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

For further information concerning this matter, please call:

Judith A. McInnis

Name of Person

at (601) 483-4903

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

RECEIVED

11 NOV 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2011

JUDITH A MCINNIS
P O BOX 3579
MERIDIAN, MS 39303-3579

SUBJECT: SEQUEL ELECTRICAL SUPPLY, LLC
Ref. Number: M07000007305

We have received your document for SEQUEL ELECTRICAL SUPPLY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00023940

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: Sequel Electrical Supply, LLC

2. (a) Principal office address of limited liability company: 1425 4th Street

(Note: MUST BE STREET ADDRESS)

Meridian, MS 39301

(b) Mailing address of limited liability company: P. O. Box 3579

(Note: MAY BE POST OFFICE BOX)

Meridian, MS 39303-3579

12/17/2007

3. Date of filing/registration in Florida

M07000007305

4. Document number

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

Registered Agent:

Jon O. Fullerton

Registered Office Address:

2201 NW Corporate Blvd. Ste. 108

Boca Raton, FL 33431

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

NEW Registered Agent:

Jon O. Fullerton

NEW Registered Office Address:

6300 Sweet Maple Lane

(MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33433

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.

Richard L. Moseley
Signature of a member or authorized representative of a member

Richard L. Moseley

Pres/COO

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.

Jon O. Fullerton
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
NOV 14 AM 10:18
TALLAHASSEE, FLORIDA