

**1708000001504**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
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LLC REGISTERED AGENT CHANGE  
STS COMPONENT SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**A. LUNT**  
NOV 21 2011  
**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STS Component Solutions 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:

Michael Sommers

Name of Person

STS Component Solutions LLC

Firm/Company

2000 N.E. Jensen Beach Blvd.

Address

Jensen Beach, FL 34957

City/State and Zip Code

mike.sommers@stsaveiationgroup.com

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

For further information concerning this matter, please call:

C T Corporation System

Name of Person

at ( 800 ) 432-3434

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

IN44518 (5/08)

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**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: STS Component Solutions LLC

2. (a) Principal office address of limited liability company: 2000 N.E. Jensen Beach Blvd.

(Note: **MUST BE STREET ADDRESS**)

Jensen Beach, FL 34957

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3/27/2008

3. Date of filing/registration in Florida

M08000001504

4. Document number

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

Registered Agent:

Anson, Philip Jr.

Registered Office Address:

2000 NE Jensen Beach Blvd

Jensen Beach, FL 34957

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

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**)

Plantation

FL 33324

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.

Michael C Sommers  
Michael C Sommers

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. On 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.*

By:

Madonna Cuddihy  
Signature of Registered Agent

**Madonna Cuddihy**  
ial Assistant Secretary

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

FILING FEE: \$25.00

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