

M11000002989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 NOV 28 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2011

SHAWN SHANAHAN  
T & S INVESTMENT PARTNERS, LLC  
1017 DUN MOVIN LANE  
KALISPELL, MT 59901

SUBJECT: T & S INVESTMENT PARTNERS, LLC  
Ref. Number: M11000002989

We have received your document for T & S INVESTMENT PARTNERS, 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):

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

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00024325

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** T & S Investment Partners, LLC  
Name of Corporation

**DOCUMENT NUMBER:** M11000002989

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:

Shawn Shanahan  
Name of Contact Person

T & S Investment Partners, LLC  
Firm/Company

1017 Dun Movin Lane  
Address

Kalispell, MT 59901  
City/State and Zip Code

ted.shanahan@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Shanahan at ( 406 ) 755-5115  
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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T & S Investment Partners, 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:

Shawn Shanahan

Name of Person

T & S Investment Partners, LLC

Firm/Company

1017 Dun Morin Lane

Address

Kalispell, MT 59901

City/State and Zip Code

ted.shanahan@hotmail.com

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

For further information concerning this matter, please call:

Shawn Shanahan

Name of Person

at ( 406 ) 755-5115

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: You have a \$35 check on file.

☐ \$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: T & S Investment Partners, LLC

2. (a) Principal office address of limited liability company: 1709 Sandown Lane  
Tallahassee, FL 32304  
(Note: **MUST BE STREET ADDRESS**)

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

3. Date of filing/registration in Florida  
06/13/2011

4. Document number  
1017 Dun Movin Lane  
Kalispell, MT 59901  
M11000002989

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: David Gasnett  
Registered Office Address: 4507 Furling Lane, Ste 305  
Destin, FL 32541

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Stephanie Williamson  
**NEW Registered Office Address:** 1709 Sandown Lane  
(**MUST BE FLORIDA STREET ADDRESS**) Tallahassee, FL 32304

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.

Shawn Shanahan  
Signature of a member or authorized representative of a member

Shawn Shanahan, Manager  
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.

Stephanie Williamson  
Signature of Registered Agent

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