P060004336/

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)	•		
,				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		ľ		

Office Use Only



300161977973

12/07/09--01024--006 **35.00

10 JAR -4 PH 5: 27

ALLIAHASSEE, FLORIDA

flocing. 1/4/2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2009

LLOYD A. TURMAN TURMAN GROUP, INC. 3254 FOUNDERS CLUB DR SARASOTA, FL 34240

SUBJECT: TURMAN GROUP, INC.

Ref. Number: P06000043361

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

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2009 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$750.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2009 Annual Report and Supplemental Fee.

Please note that an additional \$150 must be submitted to cover the fees for the year 2010 if your reinstatement is not returned prior to January 1, 2010.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

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) 245-6892.

Tina Roberts Regulatory Specialist II

DILL AG C DO DOVIGOR BUILD BUILD COM

Letter Number: 409A00037714

COVER LETTER

	Division of Corporations		•		
SUBJEC	CT:	Turman Group,	Inc		
		Name of Corpora	ation		
DOCUN	MENT NUMBER:	P060000	043361		
The enci	osed Statement of Change	of Registered Office/Age	nt and fee are submitted for filing.		
Please re	eturn all correspondence co	oncerning this matter to the	e following:		
		Lloyd A. Turn	nan		
		Name of Contact I	Person		
Turman Group, Inc.					
		Firm/Compan	y		
		00545 1 00	1 D:		
		3254 Founders Cl Address	ub Drive		
		Address			
		Saranata El 2	4240		
		Sarasota, FL 3- City/State and Zip	4240 Code		
	F-mail addres	TurmanL@comca	ast.net annual report notification)		
	B-man addres	s. (to be used for future	annual report notification)		
For furth	ner information concerning	this matter, please call:			
	Lloyd A. Turm	nan at (941) 587-9449 Area Code & Daytime Telephone Number		
	Name of Contact Pe	erson	Area Code & Daytime Telephone Number		
Enclosed	d is a \$35.00 check made p	ayable to the Department	of State.		
		ent Section of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building		
	Tallahass	ee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change i	isions of sections 607.0502, 617.0502 is submitted for a corporation organi. change its registered office or register	zed under the laws of the State of \underline{F}	lorida
1. The name of the co	orporation: Turman Group, In	IC.	
	e address: 3254 Founders Club		
3. The mailing address	ss (if different):		
4. Date of incorporat	ion/qualification: March 24, 200	06 Document number: P	06000043361
	et address of the current registered ag at of State: (If resigned, enter resigned	•	h the
Llo	yd A. Turman		-
77	1 Old Compass Road		<u> </u>
Lo	ngboat Key, FL 34228		A T
6. The name and stre (if changed):	et address of the new registered agen	t (if changed) and /or registered offi	(0)
32	54 Founders Club Drive		5: 2:
Sa	rasota, FL 34240		ALDA RIDA
	P.O Box NOT	ассериане	
as changed will be in	f its registered office and the street a dentical. thorized by resolution duly adopted ard, or the corporation has been no		
Blond (1)	/www.an	Lloyd A. Turman, Pr	esident
I hereby accept the confirmation I hereby accept the confirmation of my duties, and I adocument is being fit corporation has been accepted to the corporation of the	appointment as registered agent and mply with the provisions of all statt im familiar with and accept the obli led merely to reflect a change in the n notifiell in writing of this change.	d agree to act in this capacity. utes relative to the proper and com gation of my position as registered e registered office address, I hereb	aplete performance I agent. Or, if this By confirm that the
Slond U.	/urman	December 3, 20	09
) //	of Registered Agent	Date	
If signing on behalf			
C CO YA Typed o	or Printed Name Dup, INE ** FILING FE		
TURMAN Gro	oup, Lave *** FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)