

PD 6000140860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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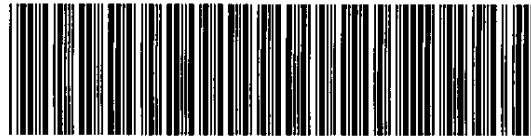
(Business Entity Name)

(Document Number)

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07 OCT 29 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004-07  
10-29-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUMER & SUMER INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000140860

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:

Rolando Sumer  
(Name of Contact Person)

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

3725 Blossom St  
(Address)

Kissimmee, FL 34746  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rolando Sumer at 407, 455 4276  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2007

ROLANDO SUMER  
3725 BLOSSOM ST.  
KISSIMMEE, FL 34746

SUBJECT: SUMER & SUMER, INC.  
Ref. Number: P06000140860

We have received your document for SUMER & SUMER, 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):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2007 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

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) 245-6916.

Carol Mustain  
Document Specialist

Letter Number: 607A00056732

RECEIVED  
2007 OCT 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SUMER & SUMER INC  
2. The principal office address: 430 SE Mills St. Mayo, FL 32066  
3. The mailing address (if different): 3725 Blossom St.  
Kissimmee, FL 34746  
4. Date of incorporation/qualification: 11/08/06 Document number: P06000140860  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rolando Sumer  
534 Howell St  
Dunedin, FL 34698 USA

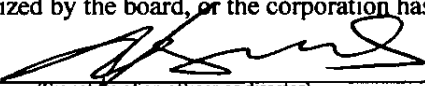
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rolando Sumer  
430 SE Mills St  
(P.O. Box NOT acceptable)  
Mayo, FL 32066

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Rolando Sumer / President  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

11/17/07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$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)