

L05 000031468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

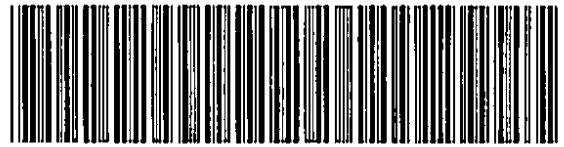
Special Instructions to Filing Officer:

J. HORNE

MAY - 6 2022

5/3

Office Use Only



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03/31/22--01012--005 **35.00

2022 MAY -3 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY -3 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FL

April 18, 2022

DENNIS MILLER
895 SHORE ROAD
NOKOMIS, FL 34275 US

SUBJECT: FLORIDA CRACKER, LLC
Ref. Number: L05000031468

PAID
3-26-22

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

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

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 522A00009055

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CRACKER 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:

DENNIS MILLER
Name of Person

DENNIS MILLER CONSTRUCTION
Firm/Company

895 SHORE ROAD
Address

NOKOMIS FL 34275
City/State and Zip Code

DEMONDENNIS@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS MILLER at (941) 488 8844
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

I HAVE PREVIOUSLY SENT YOU
\$35.00 SEE PAGE ONE. 3-26-22

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FLORIDA CRACKER, LLC
2. The principal office address: 895 SHORE ROAD, NOKOMIS, FL 34275
3. The mailing address (if different): 895 SHORE ROAD, NOKOMIS, FL 34275
4. Date of incorporation/qualification: 03/25/2005 Document number: 1.05000031468
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN F. COOK, P.A.

2033 WOOD STREET, SUITE 220

SARASOTA, FL 34237

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

DENNIS MILLER

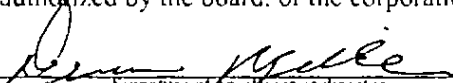
895 SHORE ROAD

P.O. Box NOT acceptable

NOKOMIS, FL 34275

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

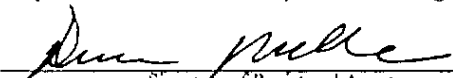
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DENNIS MILLER, MANAGING MEMBER

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

MARCH 26 2022
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 (04/13)

2022 MAY -3 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PAID - CHECK #7570
ON 3-26-22