

L10000063331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

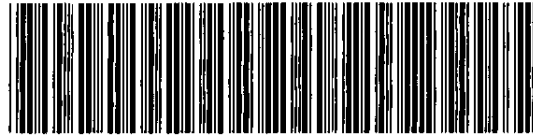
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TALLAHASSEE, FLORIDA

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No #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2011

STEPHEN M. TRIPPE
TRIPPE FAMILY LLC
623 WILLIAM STREET
KEY WEST, FL 33040

SUBJECT: TRIPPE FAMILY LLC
Ref. Number: L10000063331

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11 JUN 27 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRIPPE FAMILY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 311A00013867

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trippe Family 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:

Stephen M. Trippe
Name of Person

Trippe Family LLC
Firm/Company

623 William Street
Address

Key West, Florida 33040
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephen Trippe at (231) 883-6885
Name of Person 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

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TALLAHASSEE, FLORIDA

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: Trippe Family LLC.

2. (a) Principal office address of limited liability company: 623 William Street

(Note: MUST BE STREET ADDRESS)

Key West, Florida 33040

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

623 William Street
Key West, Florida 33040

06/15/2010

L10000063331

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Linda B. Wheeler, Esq.

Registered Office Address:

1213 White Street
Key West, Florida 33040

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

NEW Registered Agent:

Stephen M. Trippe

NEW Registered Office Address:

623 William Street

(MUST BE FLORIDA STREET ADDRESS)

Key West, FL 33040

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.

Signature of a member or authorized representative of a member

Stephen M. Trippe

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.

Signature of Registered Agent

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

FILING FEE: \$25.00