

LL4000181573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

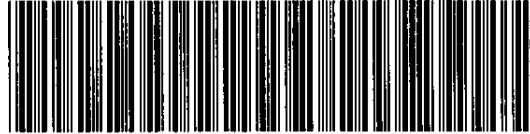
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900287081309

06/21/16--01026--004

2016 JUN 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. GALEY
EXAMINER
JUN 23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCCREA ENTERPRISES 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:

RICHARD MCCREA
Name of Person

MCCREA ENTERPRISES LLC
Firm/Company

19269 BAD GEORGE ROAD
Address

SUGARLOAF KEY, FL. 33042
City/State and Zip Code

SUGARLOAFPALMS@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD MCCREA at (717) 465-2131
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: MCCREA ENTERPRISES LLC
2. (a) 19269 BAD GEORGE RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUGARLOAF KEY
FL. 33042
- (b) 19269 BAD GEORGE RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUGARLOAF KEY
FL. 33042
3. 11/24/2016 Date of filing/registration in Florida
4. L14000181573 Document number

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

19269 BAD GEORGE RD.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUGARLOAF KEY, FL 33042

FILED
 2016 JUN 22 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- (b) LARRY MCAFEE
Enter name of NEW Registered Agent and/or NEW Registered Office address:
19269 BAD GEORGE RD
NEW Registered Office Address:
SUGARLOAF KEY, FL 33042

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.

Richard McCrea RICHARD MCCREA
Signature of a member or authorized representative of a member 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 605, 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]
Signature of Registered Agent