

L21 000 238120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

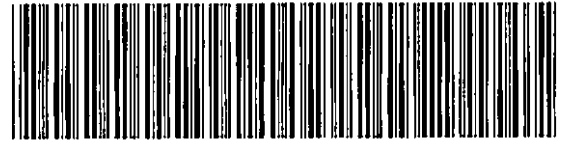
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 15 11:59

A handwritten signature in black ink, appearing to be the initials 'AL'.

COVER LETTER

TO: Registration Section
Division of Corporations
5555 7P LLC

SUBJECT: _____
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:

Cynthia Davies

Name of Person

Cindy's Florida LLC

Firm/Company

8051 N. Tamiami Trail Suite E6

Address

Sarasota, FL 34243

City/State and Zip Code

cindy@cindysfloridallc.com

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

For further information concerning this matter, please call:

Cynthia Davies 727 683-0983

Name of Person at () Area Code & Daytime Telephone Number

2007-11-15
11:59

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

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.

5555 7P LLC

1. Name of the limited liability company: _____

8051 N. Tamiami Trail STE E6

8051 N. Tamiami Trail STE E6

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Sarasota, Florida 34243

Sarasota, Florida 34243

05/21/2021

L21000238120

3. _____ Date of filing/registration in Florida 4. _____ Document number

NUGENT, PATRICIA, ESQ.

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2455 E. SUNRISE BLVD. SUITE 807

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

FORT LAUDERDALE 33304
_____, FL _____

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

CINDY'S FLORIDA LLC

NEW Registered Office Address:

8051 N. Tamiami Trail Suite E6

Sarasota 34243
_____, FL _____

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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.

Cynthia Davies

Cynthia Davies, Manager

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.

Cynthia Davies

Signature of Registered Agent