

LD10000001103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

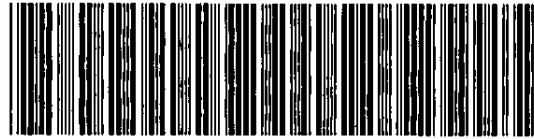
(Business Entity Name)

(Document Number)

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06/04/14--01019--010 **35.00

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Change

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TALLAHASSEE, FLORIDA

MR
6/26/14

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WHIDDEN FAMILY LLC
Name of Corporation

DOCUMENT NUMBER: L01000001103

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:

William S. Whidden

Name of Contact Person

Whidden Family LLC

Firm/Company

28905 Shirley Shores Rd

Address

Tavares, FL 32778

City/State and Zip Code

whids@juno.com

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

For further information concerning this matter, please call:

William S. Whidden

Name of Contact Person

at (407) 414-7451

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

June 18, 2014

William S. Whidden
Whidden Family LLC
28905 Shirley Shores Rd.
Tavares, FL 32778

SUBJECT: WHIDDEN FAMILY L.L.C.
Ref. Number: L01000001103

We have received your document for WHIDDEN FAMILY L.L.C. 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 entity is a limited liability company and the document submitted is for a corporation. I have enclosed the correct form for you to fill out and return to us.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 114A00013239

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whidden 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:

W.S. Whidden
Name of Person

Whidden Family LLC
Firm/Company

28905 Shirley Shores Rd.
Address

Tavares, FL 32778
City/State and Zip Code

whids@juno.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Whidden at (352) 253-0031
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: (credit of \$35 previously sent, 6/2/14)

☐ \$25 Filing Fee deduct from \$35 ck. on file ☐ \$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: Whidden Family LLC
2. (a) 28905 Shirley Shores Rd. (b) 28905 Shirley Shores Rd.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Tavares, FL 32778 Tavares, FL 32778

3. January 22, 2001 4. L01000001103
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3700 South Conway Rd., Suite 100
Orlando, FL 32812

- (b) William S. Whidden
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
28905 Shirley Shores Rd.
Tavares, FL 32778

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.

W. S. Whidden
Signature of a member or authorized representative of a member

W. S. Whidden
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.

W. S. Whidden
Signature of Registered Agent