

L03000024023

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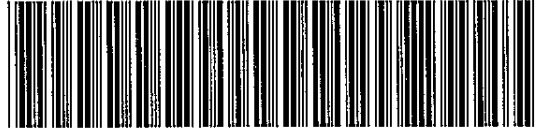
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05 MAR 15 PM 1:45
STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 22, 2005

STONEY FIELD HERBS, LLC
1900 S. Olive Avenue
West Palm Beach, FL 33401

SUBJECT: STONEY FIELD HERBS, LLC
Ref. Number: L03000024023

SUBJECT: STONEY FIELD HERBS, LLC

Document #: L03000024023

Our records indicate the registered agent for the above named limited liability company resigned on February 11, 2005 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is a registered agent designation application for you to complete and return with filing fee of \$25.

If you should need any further information, please contact our office at (850) 245-6050.

Louise Flemming-Jackson
Document Specialist Supervisor

05 MAR 13 11:11 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 MAR 15 PM 1:45
SECRETARY OF STATE
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. The name of the limited liability company is: Stoney Field Herbs, LLC
2. The mailing address of the limited liability company is: 1900 S. Olive Avenue
West Palm Beach, FL 33401

3. Date of filing/registration in Florida June 26, 2003
4. Document number LO3000024023

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Nancy R. Mackey
Name
1900 S. Olive Avenue
Address
West Palm Beach, FL 33401
City, State and Zip

6. The name and address of the new registered agent and/or office:

Bonnie T. Mackey
Name
1900 S. Olive Avenue
Florida street address (P.O. Box NOT acceptable)
West Palm Beach, FL 33401
City, State and Zip

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.

Bonnie T. Mackey, member date 3/7/05
(Signature of a member or authorized representative of a member)

Bonnie T. Mackey
(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.

Bonnie T. Mackey, member 3/7/05
(Signature of Registered Agent)

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