

L03 000026058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2021

MARINERS LANDING  
PO BOX 131  
CARRABELLE, FL 32322

SUBJECT: MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II,  
LLC  
Ref. Number: L03000026058

We have received your document for MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the current Registered Agent's information in Section 5(B).

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.

Terri J Schroeder  
Supervisor

Letter Number: 321A00010103

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MAY 27 2021

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COVER LETTER  
**Mariners Landing  
Phase II  
P. O. Box 131  
Carrabelle, FL 32322**

TO: Registration Section  
Division of Corporations

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:

\_\_\_\_\_  
Name of Person

**Mariners Landing  
Phase II**  
\_\_\_\_\_  
P. O. Box 131  
Carrabelle, FL 32322

**P. O. Box 131  
Carrabelle, FL 32322**

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

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

**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 605.0115, 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.

**Madriers Landing Phase II**  
P. O. Box 131

1. Name of the limited liability company: Carrabelle, FL 32322

2. (a) 101 South Main St.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Carrabelle Fla.  
32322

(b) Madriers Landing Phase II  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
P. O. Box 131  
FL 32322

3. 5/21/21 Date of filing/registration in Florida

4. \_\_\_\_\_ Document number

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

515 N Adams St.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Tallahassee, FL 32301

(b) Neil Nichols  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
22 7th St.  
**NEW Registered Office Address**:  
APPALACHICOLA FL 32320

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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.

[Signature]  
Signature of a member or authorized representative of a member

SAM Eades  
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