

204 000026043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

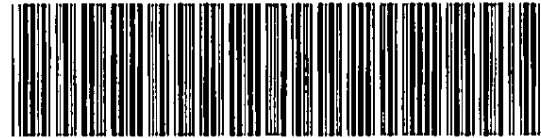
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tortuga 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:

Guy Hendricks

Name of Person

Tortuga LLC.

Firm/Company

PO Box 4173

Address

SEBRING, Florida

City/State and Zip Code

33871

guycps1@gmail.com

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

For further information concerning this matter, please call:

Guy Hendricks

Name of Person

at (863) 381 2156

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 605.0116, 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: Tortuga LLC
2. (a) Tortuga LLC Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1073 Nycinth AVE
SEBRING, FL 33875
- (b) Tortuga LLC Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PO Box 4173
SEBRING, FL 33871
3. 4/6/2004 Date of filing/registration in Florida
4. LO4000026043 Document number
5. (a) McCorm, James F (Deceased)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

129 S. Commerce Avenue
Sebring, FL FL 33870

- (b) Jonathan Fuller
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5487 Lake Denton Road
Avon Park, FL 33825

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.

Guy Hendricks
Signature of a member or authorized representative of a member

Guy Hendricks
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.

Jonathan Fuller
Signature of Registered Agent

4/30/2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2022

GUY HENDRICKS
TORTUGA LLC
PO BOX 4173
SEBRING, FL 33871

SUBJECT: TORTUGA, LLC
Ref. Number: L04000026043

We have received your document for TORTUGA, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a a profit corporation, but your entity is a a limited liability company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 922A00014700

7/15/22

Dear Sirs;

Please find check enclosed for
\$55.00 and redox forms

Please contact me if you need
more information.

RECEIVED

AUG 01 2022

www.sunbiz.org

OBLIGED,
Guy Hendricks
OWNER
863 381
2156