

L04 0000043752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Western Meadow Farm 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:

Theresa Rasas

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

Western meadow Farm LLC

\_\_\_\_\_  
Firm/Company

11794 Wimbledon circle

\_\_\_\_\_  
Address

wellington

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

rassaspd@aol.com

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

For further information concerning this matter, please call:

theresa Rassas

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

at (561

) 346-5134

\_\_\_\_\_  
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: Western Meadow Farm LLC

2. (a) 11794 Wimbledon Circle (b) 11794 Wimbledon Circle

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

wellington, Florida 33414

Wellington, Florida 33414

06/07/2004

1.04000043752

3. Date of filing/registration in Florida

4. Document number

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

12590 Sunnydale Drive Wellington, Florida 33414

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12590 Sunnydale Drive

wellington, FL 33414

(b) Paige Rassas Sorce

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

Western Meadow Farm LLC

**NEW** Registered Office Address:

11794 Wimbledon Circle

wellington, FL 33414

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.

Paige Rassas Sorce  
Signature of a member or authorized representative of a member

Paige Rassas Sorce  
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.

Paige Rassas Sorce  
Signature of Registered Agent

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

FILING FEE: \$25.00