L04000075183

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEF FLORINA

T. HAMPTON

յլլ - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Willowin LLC.		
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to the following:		
Winnie Pritchett (Name of Person)		
(Firm/Company)	<i>:</i>	
259 Button WOOD DRIVE		
(Address)		
KEY BISCAYNE, PL 33149		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Winnie Pritchest at (305) 5882816		
(Name of Person) (Area Code & Daytime Tele	phone 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:		
\$25 Filing Fee \$\simega\$ \$55 Filing Fee \$\& Certif	☐ \$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2008

WINNIE PRITCHETT 259 BUTTONWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: WILLOWIN, LLC Ref. Number: L04000075183

RECEIVED

106 JUN-9 PM 2: 54

SECRETAGE STATE

This will acknowledge receipt of your name reservation request. However, your request has not been granted and is being returned for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00034267

() [T]

T.



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2008

WINNIE PRITCHETT 259 BUTTONWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: WILLOWIN, LLC Ref. Number: L04000075183

We have received your document for WILLOWIN, 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00035501



RECEIVED

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SECPE AND STATE TALLAHASSEE FLORIDA

June 23, 2008

7 6

WINNIE PRITCHETT 259 BUTTONWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: WILLOWIN, LLC Ref. Number: L04000075183

We have received your document for WILLOWIN, 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):

You failed to make the correction(s) requested in our previous letter.

PLEASE CALL BEFORE YOU RESUMIT THIS FILING, SO WE CAN HELP YOU GET IT RIGHT.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00037888



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 673.416 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.

in the state of 1 to rad.	1 . 4
1. Name of the limited liability company: Will ow	in LLC
2. (a) Principal office address of limited i ability company (Note: MUST BE STREET AD PRESS)	: 259 ButtonWood DRIVE Key Biscayne, FL 33149
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
2006 3. Date of filing/registration in Florida	<u>L04000075183</u> 4. Document number
-	
5. (a) Registered Agent and Registered Office shown on t Registered Agent: Registered Office Address:	259 Buttonwood Drive a Riccome
(b) Enter name of NEW Registered Assent and/or NEV	Swite 1500 (LAD. MIAMI, PL 33131
NEW Registered Agent:	Pritchet + Family Investments LLC.
NEW Registered Office Address: (MUST BE FLORIDA STREET 4 DDRESS)	259 Buttonwood Drive Key Biscagne, FL 33149
If the limited liability company is not organized under the lithat after the change or changes are made the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is a an affirmative vote of the members of the limited
(Printed or typed name of signee)	-
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the product am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	as registered agent as provided for in Chapter 608, change in the registered office address, Lhereby in Writing of this change.
(Signature of Registered Agent) Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314887 .
FILING FEE:	: \$25.00
INHS18 (05/08)	STATE ORIE