

L050000000798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

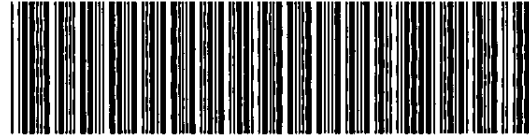
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA change

10/03/14--01006--014 **35.00

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2014 OCT 23 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00789, 04085, 00671
10/23/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

Janet Mariani
151A Bristol Ln
Naples, FL 34112

SUBJECT: SURFSIDE, LLC
Ref. Number: L05000000798

We have received your document for SURFSIDE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 114A00021930

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surfside 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:

Janet MARIANI

Name of Person

Firm/Company

151 A Bristol Ln

Address

Naples FL 34112

City/State and Zip Code

JEMCAPECCO@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet MARIANI at (774) 212 1043
Name of Person Area Code & Daytime Telephone 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

☐ \$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: Surfside, LLC

2. (a) 151 A Bristol LN (b) 151 A Bristol LN, Naples FL
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Naples, FL 34112

3. 1/4/2005 4. LO5000000798
Date of filing/registration in Florida Document number

5. (a) Corporation Service Co.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS ST, Tallahassee, FL 32301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL

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

Janet Mariani
NEW Registered Office Address:
151 A Bristol LN
Naples, FL 34112

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.

Richard Mariani
Signature of a member or authorized representative of a member

Richard Mariani
Printed or typed name of signer

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.

Janet Mariani
Signature of Registered Agent

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA