

LO5000010715

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J. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.A. Miller Family, 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:

Paige Poole Poechmann, Esq.

Name of Person

Poole & Poole, P.A.

Firm/Company

303 Centre St., Ste. 200

Address

Fernandina Beach, FL 32034

City/State and Zip Code

ppoechmann@yahoo.com

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

For further information concerning this matter, please call:

Paige P. Poechmann at (904) 261-0742

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

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

Pursuant to the provisions of sections 608.416 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.

1. Name of the limited liability company: A.A. Miller Family, LLC

2. (a) Principal office address of limited liability company: 108 South Fletcher Avenue
Fernandina Beach, FL 32034
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 96509 Blackrock Road
Yulee, FL 32097
(Note: MAY BE POST OFFICE BOX)

01/24/2005
3. Date of filing/registration in Florida

L05000010715
4. Document number

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

Registered Agent: Wesley R. Poole

Registered Office Address: 303 Centre St., Ste. 200
Fernandina Beach, FL 32034

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

NEW Registered Agent: Paige Poole Poechmann, Esq.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
303 Centre Street
Suite 200
Fernandina Beach, FL 32034

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.

James C. Miller
Signature of a member or authorized representative of a member

James C. Miller, Manager
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 608, 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 P. Poechmann
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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