

LD5000052518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

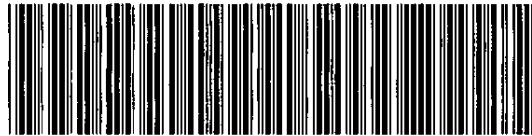
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JUN 17 2009

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SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES
09 JUN 15 AM 10:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drakes Coral 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:

Evangelina M. Palmer

Name of Person

Drakes Coral LLC

Firm/Company

748 Dewdrop Loop

Address

Jacksonville, Florida 32259

City/State and Zip Code

dps2000@msn.com

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

For further information concerning this matter, please call:

Lina Palmer

Name of Person

at (305)

458-1492

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 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: Drakes Coral LLC

2. (a) Principal office address of limited liability company: 748 Dewdrop Loop



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

Jacksonville, Florida 32259



(b) Mailing address of limited liability company:

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

May 26, 2005

L05000052518

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Trescott, Drucker & Schoen

Registered Office Address:

2605 Ponce de Leon Blvd.
Coral Gables, Florida 33134

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

NEW Registered Agent:

Evangelina M. Palmer, Trustee

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

748 Dewdrop Loop
Saint Johns, Florida 32259
, FL

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.

Evangelina M. Palmer Mgr
Signature of a member or authorized representative of a member

Evangelina M. Palmer, Trustee

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.

Evangelina M. Palmer
Signature of Registered Agent

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

FILING FEE: \$25.00

DAVIS
SECRETARY
JUL 15 AM 10:36
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