

LO50000 82686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cut the Check II, 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:

Eugene W. Fullwood

Name of Person

Cut The Check II, LLC

Firm/Company

5031 South State Road 7

Address

Davie, Florida 33314

City/State and Zip Code

Bldr58@gmail.com

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

For further information concerning this matter, please call:

Bill Fullwood

615

238.1321

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2016

EUGENE W FULLWOOD ***2ND MAILING***
5031 SOUTH STATE ROAD 7
DAVIE, FL 33314

SUBJECT: CUT THE CHECK II, LLC
Ref. Number: L05000082686

2016 SEP -7 PM 5:07
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for CUT THE CHECK II, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00016334

2016 SEP -7 PM 10:47
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

Cut The Check II, LLC

1. Name of the limited liability company: 5031 S State Road 7

2. (a) 5031 S. State Road 7 (b) 5031 S. State Road 7

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Davie, Florida 33314

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Davie, Florida 33314

08/19/2005

L05000082686

3. Date of filing/registration in Florida

4. Document number

Eugene W. Fullwood

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1760 N.W. 91 Terrace

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33322

(b) N/A Same Just a New address, Location

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

NEW Registered Office Address:

7027 W. Broward Blvd.#273

Plantation, FL 33317

SEP 16 16 SEP -7 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Eugene W. Fullwood
Signature of a member or authorized representative of a member

Eugene W. Fullwood
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.

Eugene W. Fullwood
Signature of Registered Agent