

LD5 000100704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

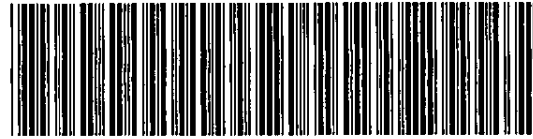
RA

Office Use Only

B. KOHR

APR - 2 2012

EXAMINER



100226175741

03/29/12--01013--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 29 PM 3:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LONG NECK POINT 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:

FREDRICK J WAINIO JR
Name of Person

Firm/Company

2450 OLD MOULTRIE RD, STE. 201
Address

ST. AUGUSTINE FL 32086
City/State and Zip Code

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

For further information concerning this matter, please call:

Fredrick J. Wainio Jr at (904) 484-5008
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 29 PM 3:58

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: LONG NECK POINT, LLC

2. (a) Principal office address of limited liability company: _____

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

99 LONG NECK PT ROAD
DARIEN CT 06820

(b) Mailing address of limited liability company: _____

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

99 LONG NECK PT ROAD
DARIEN CT 06820

10-12-2005
3. Date of filing/registration in Florida

LO5000100704
4. Document number

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

Registered Agent:

FREDRICK J. WAINIO JR

Registered Office Address:

320 HIGH TIDE DR.
STE. 201
ST. AUGUSTINE, FL 32080

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

NEW Registered Agent:

N/A - same

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2450 OLD MOULTRIE RD
STE. 201
ST. AUGUSTINE, FL 32086

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.

X C. Abberley
Signature of a member or authorized representative of a member

Fred Abberley
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.

[Signature]
Signature of Registered Agent

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