

L05000104326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

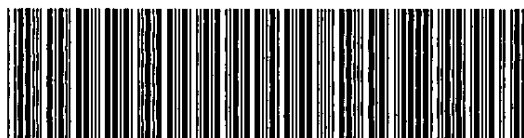
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

789 614 671

Office Use Only



400161265304

10/05/09--01008--002 **25.00

2009 OCT -8 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

OCT 9 2009

EXAMINER

L05-104326



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2009

MATTHEW ROCCO
419 SW SR 247, STE 109
LAKE CITY, FL 32025

SUBJECT: SIERRA TITLE, LLC
Ref. Number: L05000104326

We have received your document for SIERRA TITLE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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 (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 709A00032236

2009 OCT -8 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sierra Title, 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:

Matthew Rocco
Name of Person

Sierra Title, LLC
Firm/Company

419 SW 4th St 247, Suite 109
Address

Lake City, FL 32025
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew Rocco at (386) 961-0011
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
2009 OCT - 8 AM 10:27
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 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: Sierra Title, LLC
2. (a) Principal office address of limited liability company: 419 NW SR 247
☒ (Note: **MUST BE STREET ADDRESS**) Lake City, FL, 32025
- (b) Mailing address of limited liability company: 419 NW SR 247
☐ (Note: **MAY BE POST OFFICE BOX**) Apnte 109
Lake City, FL 32025
10-24-2005 L05000104326
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:

Registered Office Address:

Matthew Rocco
619 NW Baya Drive
Apnte 102
Lake City, FL 32025

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

NEW Registered Agent:

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

419 NW SR
Apnte 109
Lake City

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.

Signature of a member or authorized representative of a member

Matthew Rocco

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 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 of Registered Agent

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