

LOG 000000 4987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

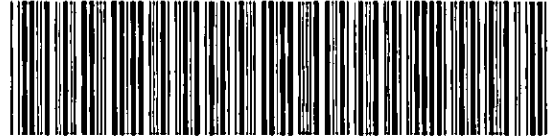
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 NOV 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL

NOV 27

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2018

TRACY MOLL
10003 CONNECTICUT ST.
GIBSONTON, FL 33534

SUBJECT: WILSON RUN, LLC
Ref. Number: L06000004987

We have received your document for WILSON RUN, 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):

The attached form must be completed in order to file the document.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 618A00023132

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilson Ron, 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:

Tracy Moll
Name of Person

Wilson Ron, LLC
Firm/Company

511 E. Walnut St. #7573
Address

Columbia, MO 65201
City/State and Zip Code

tracy.moll@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Moll at (813) 841-1462
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

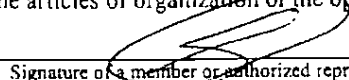
☐ \$55 Filing Fee & Certified Copy

**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.


1. Name of the limited liability company: Wilson Run, LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
10003 Connecticut St
Gibsonton, FL 33534
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
511 E. Walnut St #7573
Columbia, MO 65201
3. Date of filing/registration in Florida: 01/17/2006
4. Document number: LO6000004487
5. (a) Tracy Moll
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
716 South Oakwood Ave
Brandon, FL 33511
- (b) Tracy Moll
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
10003 Connecticut St.
Gibsonton, FL 33534

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

Tracy Moll
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.


Signature of Registered Agent

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