

L06000052074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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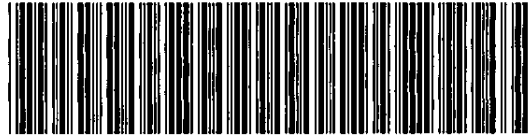
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W. Galtman OCT 22 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIESTA ACN, 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:

Robert S. Pavlock, Esq.

Name of Person

Pavlock & Pavlock, PLC

Firm/Company

4300 E. Grand River Avenue

Address

Howell, MI 48843

City/State and Zip Code

gary@davisonandassoc.com

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

For further information concerning this matter, please call:

Robert S. Pavlock, Esq.

Name of Person

at (517) 546-0400

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

**** I have also enclosed an additional copy of the Statement. Please file the original and, if possible, please time/date stamp the copy and return same to our office in the self-addressed, stamped envelope which I have enclosed for your convenience. ****

**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: SIESTA ACN, LLC
2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
1362 Harbor Drive
Sarasota, FL 34239
- (b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
1362 Harbor Drive
Sarasota, FL 34239
3. May 19, 2006 Date of filing/registration in Florida
4. L06000052074 Document number

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

James G. Trivisonno

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

1330 Harbor Drive

Sarasota, FL 34231

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

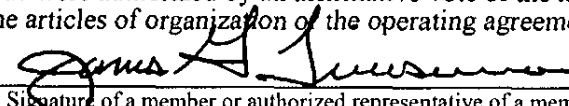
James G. Trivisonno

NEW Registered Office Address:

1362 Harbor Drive

Sarasota, FL 34239


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

James G. Trivisonno

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

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