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M. THOMAS JAN 1 4 2009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: High Tide Land Compar (Name	ny, LLC of Limited Liability Company)	_ 6
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:	
Janet Seaton (Name of Person)		SECULIAN I
High Tide Land Company, LLC		OS JAN 13 AM 19: 30 SECRETATIV OF STATE TALLAHASSEE. FLORID
(Firm/Company) PO Box 10210		HEATE OF
(Address)		
Fort Smith AR 72917		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Janet Seaton	_ at (<u>479</u>) <u>783-0209</u>	_
(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	ng amount:	
☐ \$25 Filing Fee		

TO:

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. N	ame of the limited liability company: High Tide L	and Company, LLC	÷
2. (a	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 5871 Gulf of Mexico Drive	•
	(170101-31-001-001-001-001-001-001-001-001-	Longboat Key Florida 34228	#
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 10210 Fort Smith AR 72917	Ð
06/15	5/2006	L06000061191	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	00
	Registered Agent:	Charles Palmer	09 JAH
	Registered Office Address:	4134 Gulf of Mexico Drive Suite 301	
		Longboat Key, Florida 34228	9
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	n SEE
	NEW Registered Agent:	Charles Palmer	<i>"</i>
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5871 Gulf of Mexico Drive	
		Longboat Key ■,FL 34228	
that a office hereb liabil linvite	limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case of the registered agent will be identical. Or, in the case of company or as otherwise provided in the articles of a member or authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limit	
	,		
	es Palmer d or typed name of signee)	_	
I her comp am fa F.S. confir	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position Or, if this dodument is being filed to merely reflect a c rm that the limited liability company has been notified	gree to act in this capacity. I further agree to sper and complete performance of my duties, and as registered agent as provided for in Chapter 60 change in the registered office address, I hereby him writing of this change.	I 98,
Signa	ture of Registered Agent)		

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