

LD6000078461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

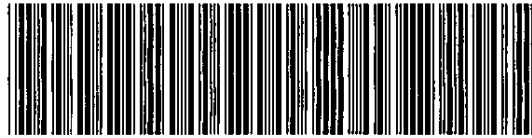
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900159759739

08/20/09--01018--005 **25.00

FILED
09 SEP - 8 PM 2:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP - 8 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Winstone II, 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:

Duncan M. Black, Esq.

Name of Person

Duncan Black & Associates, PLC

Firm/Company

19441 Golf Vista Plaza, Suite 240

Address

Lansdowne, VA 20176

City/State and Zip Code

dblack@dbalawfirm.com

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

For further information concerning this matter, please call:

Duncan M. Black

Name of Person

at (703)

424-7710

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2009

DUNCAN M. BLACK, ESQ.
DUNCAN BLACK & ASSOCIATES, PLC
19441 GOLF VISTA PLAZA, SUITE 240
LANDSDOWNE, VA 20176

SUBJECT: WINSTONE II, LLC
Ref. Number: L06000078461

We have received your document for WINSTONE II, 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 registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 509A00028337

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: Winstone II, LLC

2. (a) Principal office address of limited liability company: 140 N. Hatcher Avenue

☐ (Note: **MUST BE STREET ADDRESS**) Purcellville, Virginia 20132

(b) Mailing address of limited liability company: 140 N. Hatcher Avenue

☐ (Note: **MAY BE POST OFFICE BOX**) Purcellville, Virginia 20132

August 9, 2006 L06000078461

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: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301

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

NEW Registered Agent: Bruce A. Griffin

NEW Registered Office Address: 1073 Hillsboro Beach Road
(MUST BE FLORIDA STREET ADDRESS) 5 South
Hillsboro Beach, FL 33062

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

Bruce A. Griffin
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