

L07000020730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN -4 AM 11:01

JUN 05 2015

T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2015

JEFF JOHNSON  
NETURALLYSPEAKING, LLC  
410 S WARE BLVD., SUITE 411  
TAMPA, FL 33619 US

SUBJECT: NETURALLY SPEAKING, LLC  
Ref. Number: L07000020730

We have received your document for NETURALLY SPEAKING, 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 call (850) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 815A00010803

RECEIVED  
15 JUN -4 PM 3:46  
DIVISION OF CORPORATIONS  
ALLAHABAD, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NeturallySpeaking, 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:

Jeff Johnson

Name of Person

NeturallySpeaking, LLC

Firm/Company

410 S WAre Blvd, Suite 411

Address

Tampa, FL 33619

City/State and Zip Code

jjohnson@neturallyspeaking.com

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

For further information concerning this matter, please call:

Jeff Johnson

Name of Person

at ( 813 ) 774-3570

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: NaturallySpeaking, LLC

2. (a) NaturallySpeaking, LLC (b) NaturallySpeaking, LLC

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

410 S WAre Blvd, Suite 411

Tampa, FL 33619

Mailing address of limited liability company:

**(Note: MAY BE POST OFFICE BOX)**

410 S WAre Blvd, Suite 411

Tampa, FL 33619

02/23/2007

L07000020730

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporation Service Company

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

1201 Hays Street

Tallahassee, FL 32301

(b) Jeff Johnson

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Jeff Johnson

**NEW** Registered Office Address:

410 S Ware Blvd, Suite 411

Tampa, FL 33619

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN -4 AM 11:01

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.

Jeff Johnson

Signature of member or authorized representative of a member

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



**NATURALLY SPEAKING**  
ENTERPRISE VOIP SOLUTIONS AT SMALL BUSINESS PRICES

410 S Ware Blvd  
Suite 411  
Tampa, FL 33619

Toll Free 1-866-448-0038  
Telephone 1-813-774-3551  
Fax 1-813-569-2366

[www.naturallyspeaking.com](http://www.naturallyspeaking.com)

June 1, 2015

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

In Re: NaturallySpeaking, LLC  
Ref Number: L07000020730

Please find enclosed herewith a copy of your letter advising we modify our previous submission, and a revised submission for change in registered agent.

Please contact me should you have any questions.

Thank You,

Jeff Johnson  
Managing Partner