

LD70000041088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LD7-41088

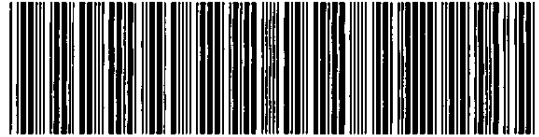
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whitman 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:

Ronald Mustani
Name of Person

Whitman LLC
Firm/Company

290 COCONUT AVE
Address

SAFARI FL 34243
City/State and Zip Code

WHITMAN@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Mustani at (941) 915-9707
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2009

RONALD MUSTARI
290 COCONUT AVENUE
SARASOTA, FL 34243

SUBJECT: WHITEHALL HOTELS, LLC
Ref. Number: L07000041088

We have received your document for WHITEHALL HOTELS, 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 Agents last name is not legible.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 909A00022394

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: Whitshaw Hotels LLC
2. (a) Principal office address of limited liability company: 290 COCONUT AVE
☒ (Note: **MUST BE STREET ADDRESS**) SARASOTA FL 34231
- (b) Mailing address of limited liability company: SAME
☐ (Note: **MAY BE POST OFFICE BOX**)
- 4/17/2007
3. Date of filing/registration in Florida
4. Document number L07000410

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

Registered Agent:

PAUL SEGUIN

Registered Office Address:

4333 EASTWOOD AVE
SARASOTA FL 34232

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

NEW Registered Agent:

RONALD MUSTARI

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

10 Whitshaw Hotels LLC
290 COCONUT AVE
SARASOTA FL 34231

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.

Ronald Mustari
Signature of a member or authorized representative of a member

RONALD MUSTARI
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 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.

Ronald Mustari
Signature of Registered Agent

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