

LD7000046185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 625 SOUTH STREET 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:

DONALD WHITEHEAD

Name of Person

625 SOUTH STREET LLC

Firm/Company

913 DUVAL STREET

Address

KEY WEST, FL 33040

City/State and Zip Code

info@oceanbreezeinn.com

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

For further information concerning this matter, please call:

DONALD WHITEHEAD

Name of Person

at ( 305 )

296-4275

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

February 1, 2011

DONALD WHITEHEAD  
913 DUVAL STREET  
KEY WEST, FL 33040

SUBJECT: 625 SOUTH STREET, LLC  
Ref. Number: L07000046185

We have received your document for 625 SOUTH STREET, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed form is to change the registered agent or registered agent office address. The portion of the form for the new information wasn't completed therefore, it hasn't been filed.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 011A00002726

**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: 625 SOUTH STREET LLC

2. (a) Principal office address of limited liability company: 625 SOUTH STREET

☐ (Note: **MUST BE STREET ADDRESS**) KEY WEST, FL 33040

(b) Mailing address of limited liability company: 913 DUVAL STREET

☒ (Note: **MAY BE POST OFFICE BOX**) KEY WEST, FL 33040

05/01/2007 3. Date of filing/registration in Florida L07000046185 4. Document number

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

Registered Agent: DONALD WHITEHEAD

Registered Office Address: 625 SOUTH STREET  
KEY WEST, FL 33040

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

**NEW Registered Agent**: \_\_\_\_\_

**NEW Registered Office Address**:  
**(MUST BE FLORIDA STREET ADDRESS)** 913 DUVAL STREET  
KEY WEST, FL 33040

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.

Donald Whitehead  
Signature of a member or authorized representative of a member

DONALD WHITEHEAD  
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.

Donald Whitehead  
Signature of Registered Agent

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

