

L07000086383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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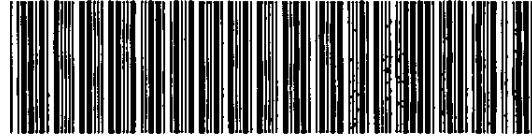
(Business Entity Name)

(Document Number)

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2016 JUN -6 AM 11:52

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2016 JUN -7 P 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 08 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7111 DAVIS CREEK, 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:

Michelle Socha

Name of Person

FORTIS SOUTHEAST, LLC

Firm/Company

7050 W. PALMETTO PARK RD. #15-654

Address

BOCA RATON, FL 33433

City/State and Zip Code

MSOCHA@FORTISSOUTHEAST.COM

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

For further information concerning this matter, please call:

Michelle Socha

Name of Person

at (561) 367-3971

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

2016 JUN -7 P 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: 7111 DAVIS CREEK, LLC

2. (a) 2358 KIVERSIDE AVE. #601 (b) 7050 W. PALMETTO PARK RD. #

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE FL 32204

Soca Raton, FL 33433

3. 8/22/2007
Date of filing/registration in Florida

4. L070000086383
Document number

5. (a) CONTEGA BUSINESS SERVICES, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ONE INDEPENDENT DRIVE

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

SUITE 1200

JACKSONVILLE, FL 32202, FL

(b) DOUGLAS H. JENNINGS

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

2358 RIVERSIDE AVE., #101

NEW Registered Office Address:

JACKSONVILLE, FL 32204

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

Michelle Sacha
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