

LD7000103587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

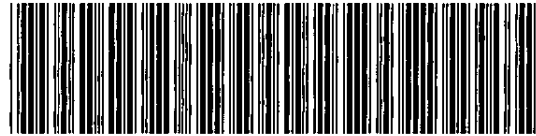
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 12 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRATEFUL SEVENTEENS 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:

PATRICIA A JACOBS
(Name of Person)

GRATEFUL SEVENTEENS LLC
(Firm/Company)

4411 BEE RIDGE RD #636
(Address)

SARASOTA, FL 34233
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PATRICIA A JACOBS at (941) 925.4617
(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

October 31, 2008

PATRICIA A JACOBS
4411 BEE RIDGER RD #636
SARASOTA, FL 34233

SUBJECT: GRATEFUL SEVENTEENS LLC
Ref. Number: L07000103587

We have received your document for GRATEFUL SEVENTEENS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00055792

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: GRATEFUL SEVENTEENS LLC

2. (a) Principal office address of limited liability company: 4411 BEE RIDGE RD #636
(Note: **MUST BE STREET ADDRESS**) SARASOTA, FL 34233

(b) Mailing address of limited liability company: 4411 BEE RIDGE RD #636
(Note: **MAY BE POST OFFICE BOX**) SARASOTA, FL 34233

10.12.2007
3. Date of filing/registration in Florida

L07000103587
4. Document number

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

Registered Agent:

UNITED STATES CORPORATION AGENTS,
INC.

Registered Office Address:

320 S. FLAMINGO RD #347
PEMBROKE PINES, FL 33027

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

NEW Registered Agent:

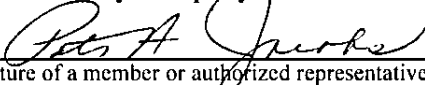
PATRICIA A. JACOBS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

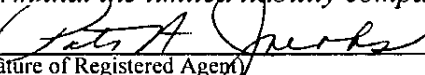
4411 BEE RIDGE RD #636
SARASOTA, FL 34233

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)

PATRICIA A JACOBS
(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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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08 JAN -7 AM 11:30
TALLAHASSEE, FLORIDA