

L080000009906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

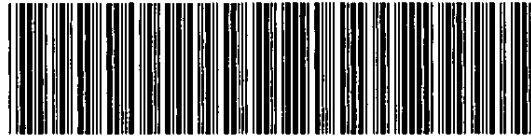
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to be 'J. Bryan'.

J. BRYAN

DEC 26 2012

EXAMINER

**COVER LETTER.**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REESE OHANA, 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:

MINA P. WOLTIL  
Name of Person

VAN SCOIK & WOLTIL LLP  
Firm/Company

2348 SUNSET POINT ROAD, SUITE A  
Address

CLEARWATER, FL 33765  
City/State and Zip Code

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

For further information concerning this matter, please call:

MINA P. WOLTIL at ( 727 ) 400-4741  
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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2012

MINA P. WOLTIL  
VAN SCOIK & WOLTIL LLP  
2348 SUNSET POINT ROAD, SUITE A  
CLEARWATER, FL 33765

SUBJECT: REESE OHANA, LLC  
Ref. Number: L08000009906

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for REESE OHANA, 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 agent must sign accepting the designation.

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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 712A00028707

RECEIVED  
12 DEC 19 AM 11:12  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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: REESE OHANA, LLC

2. (a) Principal office address of limited liability company: 5600 90TH AVENUE N.

(Note: **MUST BE STREET ADDRESS**) PINELLAS PARK, FL 33782

(b) Mailing address of limited liability company: \_\_\_\_\_

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

01/28/2008  
3. Date of filing/registration in Florida

L08000009906  
4. Document number

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

Registered Agent: WOLTIL AND COMPANY, CPAS

Registered Office Address: 10707 66TH STREET N, SUITE E

PINELLAS PARK, FL 33782

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

**NEW Registered Agent:** VAN SCOIK & WOLTIL LLP

**NEW Registered Office Address:** 2348 SUNSET POINT ROAD, SUITE A

**(MUST BE FLORIDA STREET ADDRESS)** CLEARWATER, FL 33765

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.

x Robert Reese  
Signature of a member or authorized representative of a member

ROBERT REESE, MGRM

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.*

Robert Reese  
Signature of Registered Agent

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

**FILED**  
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