

1080000 16677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

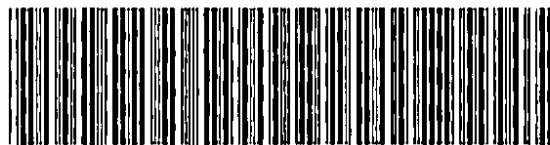
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A - TEAM APPRAISALS 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:

PHILLIP A WESTFALL

\_\_\_\_\_  
Name of Person

A - TEAM APPRAISALS LLC

\_\_\_\_\_  
Firm/Company

5914 TULIP FLOWER DRIVE

\_\_\_\_\_  
Address

RIVERVIEW, FL 33578

\_\_\_\_\_  
City/State and Zip Code

PHILLIP\_WESTFALL@HOTMAIL.COM

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

For further information concerning this matter, please call:

PHILLIP A WESTFALL

\_\_\_\_\_  
Name of Person

at ( 813 ) 712-9114

\_\_\_\_\_  
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 28, 2019

PHILLIP A WESTFALL  
5914 TULIP FLOWER DR  
RIVERVIEW, FL 33578

SUBJECT: A-TEAM APPRAISALS LLC  
Ref. Number: L08000016677

We have received your document for A-TEAM APPRAISALS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 119A00013194

ONLY  
CHANGING  
LLC  
ADDRESS +  
PLEASE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A-TEAM APPRAISALS 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:

PHILLIP WESTFALL

Name of Person

A-TEAM APPRAISALS LLC

Firm/Company

117 ASHBROOK DRIVE

Address

BRANDON, FL 33511

City/State and Zip Code

PHILLIP\_WESTFALL@HOTMAIL.COM

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

For further information concerning this matter, please call:

PHILLIP A WESTFALL at 813 712-9114  
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:**

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: A-TEAM APPRAISALS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

117 ASHBROOK DRIVE

BRANDON, FL 33511

02/15/2008

L08000016677

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5914 TULIP FLOWER DR

RIVERVIEW, FL 33578

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

PHILLIP WESTFALL

NEW Registered Office Address:

117 ASHBROOK DR

BRANDON, FL 33511

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]  
Signature of a member or authorized representative of a member

DENISE WESTFALL - SECRETARY

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]  
Signature of Registered Agent

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

FILING FEE: \$25.00

2019 JUN 26 PM 3:58  
F.D.  
ONLY  
CHANGING  
OFFICE  
ADDRESS -  
THANKS