

Q8000039579

300 North 40th St.

(Requestor's Name)

(Address)

(Address)

Fort Pierce, FL 34947

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

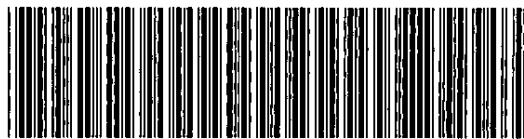
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/21
[Signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2008

JOHNNA MORRIS
300 NORTH 40TH ST.
FORT PIERCE, FL 34947

SUBJECT: LGA, LLC
Ref. Number: L08000039579

We have received your document for LGA, 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):

Please specify what is the purpose of this RA change form, our records show that Johnna Morris resigned as RA.

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: 108A00031721

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LGA, 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:

Letty Richardson
(Name of Person)

LGA, LLC
(Firm/Company)

300 North 40th Street
(Address)

Fort Pierce, FL 34947
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Johnna Morris
(Name of Person)

at (772) 460-2200 ext. 357
(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

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: LGA, LLC.

2. (a) Principal office address of limited liability company: 300 North 40th Street
(Note: **MUST BE STREET ADDRESS**) Fort Pierce, FL 34947

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Same

4/2008
3. Date of filing/registration in Florida

LD8000039579
4. Document number

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

Registered Agent:

NONE

Registered Office Address:

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

NEW Registered Agent:

Johnna Morris

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

Johnna Morris

588 NW Waverly Circle
Port Saint Lucie, FL 34983

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.

Letty Richardson
(Signature of a member or authorized representative of a member)

Letty Richardson
(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.

Johnna Morris
(Signature of Registered Agent)

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

FILING FEE: \$25.00

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TALLAHASSEE, FL
SECRETARY OF STATE