

L08000060403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

NOV - 9 2009

EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2009

MARIA FLICKINGER
18630 SW 94 COURT
CUTLER BAY, FL 33157

SUBJECT: CLOSINGS TO GO, LLC
Ref. Number: L08000060403

We have received your document for CLOSINGS TO GO, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 109A00035154

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Closings To Go, 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:

Maria Flickinger

Name of Person

Closings To Go, LLC

Firm/Company

18630 SW 94 Court

Address

Cutler Bay, FL 33157

City/State and Zip Code

mariaflickinger@bellsouth.net

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

For further information concerning this matter, please call:

Maria Flickinger

Name of Person

at (786)

303-7711

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: Closings To Go, LLC

2. (a) Principal office address of limited liability company: _____



(Note: MUST BE STREET ADDRESS)

18630 SW 94 Court
Cutler Bay, FL 33157

(b) Mailing address of limited liability company: _____



(Note: MAY BE POST OFFICE BOX)

same as above

June 19, 2008

3. Date of filing/registration in Florida

L08000060403

4. Document number

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

Registered Agent:

Maria Flickinger

Registered Office Address:

17260 SW 94 Avenue
Palmetto Bay, FL 33157

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

NEW Registered Agent: _____

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

18630 SW 94 Court
Cutler Bay, FL 33157

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.

Maria Flickinger
Signature of a member or authorized representative of a member

Maria Flickinger

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.

Maria Flickinger
Signature of Registered Agent

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