

#L08000064280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253930527

12/20/13--01006---003 **25.00

FILED
2013 DEC 20 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 15 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2013

JEB HOLDINGS, LLC
CHARLES H ANDERSON
231 DEL PRADO BLVD SOUTH #8
CAPE CORAL, FL 33990

SUBJECT: JEB HOLDINGS, LLC
Ref. Number: L08000064280

We have received your document for JEB HOLDINGS, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00029112

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: j.e.b. holdings 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:

Charles H. Anderson

Name of Person

j.e.b. holdings llc

Firm/Company

231 DEL PRADO BOULEVARD SOUTH, #8

Address

CAPE CORAL, FL 33990

City/State and Zip Code

chanderson48@aol.com

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

For further information concerning this matter, please call:

Charles Anderson

Name of Person

at (239) 5747070

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: j.e.b holdings

2. (a) Principal office address of limited liability company: 231 DEL PRADO BOULEVARD SOUTH
(Note: **MUST BE STREET ADDRESS**)

#8
CAPE CORAL, FL 33990

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

231 DEL PRADO BOULEVARD SOUTH
#8
CAPE CORAL, FL 33990

07/01/2008

3. Date of filing/registration in Florida

L08000064280

4. Document number

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

Registered Agent:

WICKER, JOHN M

Registered Office Address:

12670 NEW BRITTANY BOULEVARD

FORT MYERS, FL 33907

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

NEW Registered Agent:

Charles H. Anderson

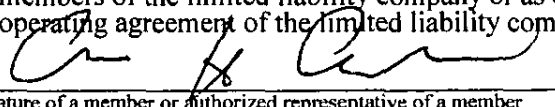
NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

231 DEL PRADO BOULEVARD SOUTH

#8
CAPE CORAL, FL 33990

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

Charlie Anderson

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