

# L 08000065936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 14 2012



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2012

HEART OF FLORIDA ENTERPRISES, LLC  
DAN WILSON  
P.O. BOX 3329  
DUNNELLON, FL 34430

SUBJECT: HEART OF FLORIDA ENTERPRISES, LLC  
Ref. Number: L08000065936

We have received your document for HEART OF FLORIDA ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 612A00015622

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEART OF FLORIDA ENTERPRISES, 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:

DAN WILSON  
Name of Person

HEART OF FLORIDA ENTERPRISES, LLC  
Firm/Company

P.O. Box 3329, (11928 N. Bluff Cove Path)  
Address  
Dunnellon, FL 34434

Dunnellon, FL 34430  
City/State and Zip Code

dwilson@wilsonads.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN WILSON at (352) 465-5151  
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

**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: HEART OF FLORIDA ENTERPRISES
2. (a) Principal office address of limited liability company: 11928 N. BLUFF COVE PATH  
DUNNELLON, FL 34434  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: P.O. BOX 3329  
DUNNELLON, FL 34430  
*(Note: MAY BE POST OFFICE BOX)*  
LO8000065936
3. Date of filing/registration in Florida \_\_\_\_\_
4. Document number \_\_\_\_\_
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Dan Wilson  
Registered Office Address: 12 HILL PRINCE DRIVE  
Ocala, FL 34482
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: \_\_\_\_\_  
NEW Registered Office Address: 11928 N. BLUFF COVE PATH  
*(MUST BE FLORIDA STREET ADDRESS)* DUNNELLON, FL 34434

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

DAN WILSON  
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**