

109000035186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

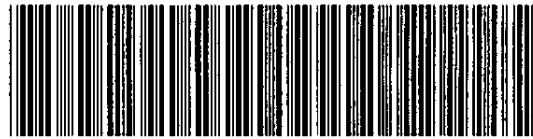
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/14/09--01021--003 **85.00

109-35186
Change of RA

FILED
09 NOV 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 25 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2009

TIMOTHY WILLIAMS
13680 WRIGHT CIR
TAMPA, FL 33626

SUBJECT: WILLIAMS AND WILCOX FINANCIAL SERVICES LLC
Ref. Number: L09000035186

We have received your document for WILLIAMS AND WILCOX FINANCIAL SERVICES LLC and check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 209A00030527

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Williams Wilcox Financial Services
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:

Mark Wilcox
Name of Person

Williams Wilcox Financial Services
Firm/Company

1718 Woodhaven Dr.
Address

Brandon, FL 33584
City/State and Zip Code

Wilcox Mark @ rocketmail.com
E-mail address: (to be used for future annual report notification)

FILED
09 NOV 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mark Wilcox at (913) 246-5000
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: Williams And Wilcox Financial Services LLC

2. (a) Principal office address of limited liability company: 1718 Woodhaven Dr.
Brandon, FL 33510
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1718 Woodhaven Dr.
Brandon, FL 33510
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: April 13, 2009

4. Document number: L09000035186

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

Registered Agent:

Express Debt Settlement

Registered Office Address:

3300 University Dr.
Suite 803
Coral Springs, FL 33065

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

NEW Registered Agent:

Debt Solutions and Lending, LLC

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11524 Hwy 92 East
Seffner, FL 33584

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.

William Stevens
Signature of a member or authorized representative of a member

William Stevens
Printed or typed name of Signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Mark Wilcox
Signature of Registered Agent

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

FILING FEE: \$25.00