

109000043364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

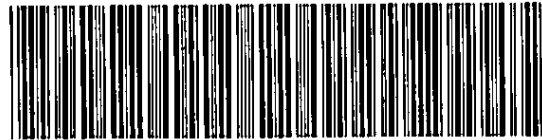
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG -3 PM 3:56

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AUG -4 2021
C. Kinse.



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

7/27/21 AUG -3 PM 12:19

2021 AUG 3 PM 12:19
TALLAHASSEE, FL

July 20, 2021

LADY L WOODSON
1627 BANKS RD
MARGATE, FL 33063

SUBJECT: COAST 2 COAST FINISHING, LLC
Ref. Number: L09000043364

We have received your document for COAST 2 COAST FINISHING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 721A00016662

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COAST 2 COAST FINISHING, 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:

Lady L. Woodson

Name of Person

COAST 2 COAST FINISHING, LLC

Firm/Company

1627 Banks Rd.

Address

Margate/FL 33063

City/State and Zip Code

coast2coastfinishingLLC@gmail.com

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

For further information concerning this matter, please call:

Lady L. Woodson

954

709-3960

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 605.0114 or 605.0116, 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: COAST 2 COAST FINISHING, LLC

2. (a) <u>3200 NW 62ND AVENUE</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>#489</u> <u>MARGATE, FL 33064</u>	(b) <u>3200 NW 62ND AVENUE</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>#489</u> <u>MARGATE, FL 33064</u>
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3. <u>05/04/2009</u> Date of filing/registration in Florida	4. <u>1.09000043364</u> Document number
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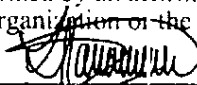
5. (a) Lady L. Woodson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4350 NW 30TH ST

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
#337
Coconut Creek, FL 33066

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
1627 Banks Rd.
NEW Registered Office Address:
Margate, FL 33063

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Lady Woodson
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 605, 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