

LC9000053525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

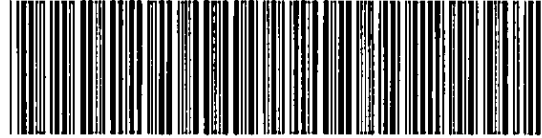
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DIVISION OF CORPORATIONS
20 MAR 25 PM 6:34

RA Change

MAR 25 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

STORM MOUNTAIN TROPIC WINDS, LLC

SUBJECT: _____
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:

Victoria L. Bauer

Name of Person

STORM MOUNTAIN TROPIC WINDS, LLC

Firm/Company

1237 Cunningham Creek Drive

Address

St. Johns, Florida 32259

City/State and Zip Code

Victoria.bauer96@gmail.com

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

For further information concerning this matter, please call:

Victoria L. Bauer 904 429-2912

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

INHS18 (2/14)

FILED
CLERK OF STATE
OFFICE OF CORPORATIONS
20 MAR 25 PM 6:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2019

VICTORIA L BAUER
STORM MOUNTAIN TROPIC WINDS, LLC
1237 CUNNINGHAM CREEK DRIVE
ST JOHNS, FL 32259

SUBJECT: STORM MOUNTAIN TROPIC WINDS, LLC
Ref. Number: L09000053528

We have received your document for STORM MOUNTAIN TROPIC WINDS, 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):

You must complete the actual application to change the registered agent information.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 719A00025591

**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.

STORM MOUNTAIN TROPIC WINDS, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

17643 FRONT BEACH ROAD 2307

1237 CUNNINGHAM CREEK DRIVE

PANAMA CITY BEACH, FL 32413

ST JOHNS, FL 32259

06/02/2009

L09000053528

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:
POCOCK, TAMMY L

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17643 FRONT BEACH ROAD 2307

PANAMA CITY BEACH

32413

FL

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

Rebekah L. Martin

NEW Registered Office Address:

12724 Gran Bay Parkway W, Suite 410

Jacksonville

32258

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.

Victoria L. Bauer

Signature of a member or authorized representative of a member

Victoria L. Bauer

Printed or typed name of signer

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.

Rebekah L. Martin

Signature of Registered Agent

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

FILING FEE: \$25.00

20 MAR 25 PM 6:34

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS