

L1000000 7518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 25 2011

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 21 AM 9:07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2011

DEWAYNE WESLEY  
914 RIO SAINT JOHNS DRIVE  
JACKSONVILLE, FL 32211

SUBJECT: D & L SHIPPING LLC  
Ref. Number: L10000007518

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DIVISION OF CORPORATIONS  
11 APR 21 AM 9:07

We have received your document for D & L SHIPPING 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.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 811A00009090

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & L SHIPPING 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:

DEWAYNE WESLEY  
Name of Person

WESLEY FREE LAKE & CONSULTING, INC  
Firm/Company

914 RIO ST JOHNS DR  
Address

JACKSONVILLE, FL 32211  
City/State and Zip Code

WCONSULTING@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEWAYNE WESLEY at ( 904 ) 219.7279  
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

FILED  
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**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: D & L SHIPPING LLC

2. (a) Principal office address of limited liability company:

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

914 RIO ST JOHN DR  
JACKSONVILLE FL 32211

(b) Mailing address of limited liability company:

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

914 RIO ST JOHN DR  
JACKSONVILLE FL 32211

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:

DEWAYNE LYNN WESLEY

Registered Office Address:

914 RIO ST JOHN DR  
JACKSONVILLE FL  
32211

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

**NEW** Registered Agent:

WESLEY FREE LANCE & CONSULTING INC

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

914 RIO ST JOHN DR  
JACKSONVILLE FL 32211

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.

Dewayne Wesley  
Signature of a member or authorized representative of a member

DEWAYNE WESLEY  
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 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.

Dewayne Wesley  
Signature of Registered Agent

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

FILING FEE: \$25.00