

L10000016903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

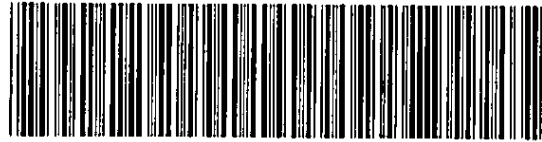
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2020 MAR 9 PM 2:04

R. WHITE

MAR 09 2020



2020 FEB -2 PM 6:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2020

ALINA D. PILCH
8437 TUTTLE AVE #207
SARASOTA, FL 34243

SUBJECT: HOME RETREAT, LLC
Ref. Number: L10000016903

We have received your document for HOME RETREAT, 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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00003114

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Home Retreat, 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:

ALINA D. PILCH

Name of Person

HOME RETREAT, LLC

Firm/Company

8437 Tuttle Ave # 207

Address

Sarasota FL 34243

City/State and Zip Code

HomeRetreatLLC@gmail.com

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

For further information concerning this matter, please call:

ALINA D. PILCH

Name of Person

at (941) 524-8358

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: HOME RETREAT, LLC

2. (a) Home Retreat, LLC (b) Home Retreat, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8437 Tuttle Ave # 207
Sarasota FL 34243

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8437 Tuttle Ave # 207
Sarasota FL 34243

3. 2-15-2010 Date of filing/registration in Florida 4. L10000016903 Document number

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

8437 Tuttle Ave # 207
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Sarasota FL 34243
_____, FL _____

(b) ALINA D. PILCH (middle initial "D" added)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8437 Tuttle Ave # 207
NEW Registered Office Address:

Sarasota, FL 34243

2020 FEB - 4 PM 2:14

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.

Alina D Pilch
Signature of a member or authorized representative of a member

ALINA D. PILCH
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.

Alina D Pilch
Signature of Registered Agent