

L11060007594

(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



900209497999

07/05/11--01045--010 **25.00

FILED
2011 JUL 28 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2011

CHERYL MOLYNEAUX
713 GOOD HOMES ROAD
ORLANDO, FL 32818

SUBJECT: SIM-MOLY EDUCATIONAL CENTERS, LLC
Ref. Number: L11000007594

We have received your document for SIM-MOLY EDUCATIONAL CENTERS, 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):

The registered agent must sign accepting the designation.

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: 311A00016127

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 28 AM 11:48

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sim-Moly Educational Centers 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:

Cheryl Molyneaux

Name of Person

Sim-Moly Educational Centers LLC

Firm/Company

713 Good Homes Road

Address

Orlando, FL 32818

City/State and Zip Code

molyneaux@comcast.net

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

2011 JUL 28 AM 11:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cheryl Molyneaux

Name of Person

at (800)

810-1132

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: Sim-Moly Educational Centers LLC

2. (a) Principal office address of limited liability company: 1725 London Crest Dr

(Note: MUST BE STREET ADDRESS)

Apt. 306
Orlando, FL 32818

(b) Mailing address of limited liability company: 1725 London Crest Dr

(Note: MAY BE POST OFFICE BOX)

Apt. 306
Orlando, FL 32818

01/18/2011

3. Date of filing/registration in Florida

L11000007594

4. Document number

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

Registered Agent: Daren Molyneaux

Registered Office Address: 1725 London Crest Dr. Apt. 306
Orlando, FL 32818

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

713 Good Homes Road
Orlando, FL 32818

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

Cheryl Molyneaux

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 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.]


Signature of Registered Agent

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

FILING FEE: \$25.00