

L1100000 9138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

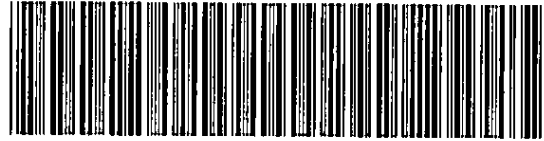
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY -6 PM 4:20

NOT FOR FILING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2019

FLORENCE GAGE
1900 VIRGINIA AVE, #901
FORT MYRS, FL 33901

SUBJECT: FLORENCE LOUISE GAGE, LLC
Ref. Number: L11000009138

We have received your document for FLORENCE LOUISE GAGE, 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):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 319A00007127

2019 APR 11 10:11 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florence Louise Gage 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:

Florence Gage

Name of Person

Florence Louise Gage LLC

Firm/Company

1900 Virginia Ave #901

Address

Ft. Myers FL 33901

City/State and Zip Code

FlorenceGage@gmail.com

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

For further information concerning this matter, please call:

Florence Gage

Name of Person

at (239) 938-6515

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 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: FLORENCE LOUISE GAGE LLC

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)

1900 VIRGINIA AVE #901
FT. MYERS, FL 33901

SAME

3. _____ 4. L11000009138
Date of filing/registration in Florida Document number

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

9360 INDEPENDENCE WAY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FT. MYERS, FL 33913

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

1900 VIRGINIA AVE #901
NEW Registered Office Address:

FT. MYERS, FL 33901

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.

Florence L. Gage
Signature of a member or authorized representative of a member

Florence Gage
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.

Florence L. Gage
Signature of Registered Agent

FILED
2019 MAY -6 PM 4:21
TALLAHASSEE, FL