

L11000025417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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M. MILLIGAN
EXAMINER

APR - 1 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2014

FONWILL SKY INVESTMENT LLC
825 N. FRANKFORT AVE
DELAND, FL 32724

SUBJECT: FONWILL SKY INVESTMENT LLC
Ref. Number: L11000025417

We have received your document for FONWILL SKY INVESTMENT LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 014A00003517

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fonwill Sky Investment

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:

Silvanus James Williams

Name of Person

Fonwill Sky Investments

Firm/Company

825 N. Frankfort Ave

Address

Deland, FL 32724

City/State and Zip Code

Sollaston@aol.com

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

For further information concerning this matter, please call:

Silvanus Williams

Name of Person

at (904) 769 7600

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, 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: Fonwill Sky Investment

2. (a) Principal office address of limited liability company: 825 N. Frankfort Ave, Deland, FL32724
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 825 N. Frankfort Ave, Deland, FL32724
(Note: **MAY BE POST OFFICE BOX**)

1/20/14

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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:

United States Corporation agents ,Inc.

Registered Office Address:

13302 Winding Oaks Court
Suite A
Tampa, FL33612

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

NEW Registered Agent:

Silvanus James Williams

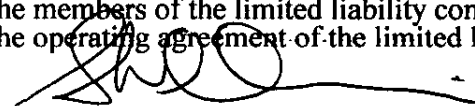
NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

825 N. Frankfort Ave
Deland,

,FL32724

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

Silvanus James Williams
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.


Signature of Registered Agent

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

FILING FEE: \$25.00