

L11000037810

(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



000237097510

07/11/12--01013--003 **35.00

FILED
12 JUL 26 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 27 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2012

KATHERINE OR WILLIAM HUDSON
EMLOCA LLC
16620 WELLINGTON LAKES CIR
FORT MYERS, FL 33908

SUBJECT: EMLOCA L.L.C.
Ref. Number: L11000037810

We have received your document for EMLOCA L.L.C. 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.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00018744

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emloca, 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:

Katherine Hudson
Name of Person

Emloca, LLC
Firm/Company

14620 Wellington Lakes Circle
Address

Ft. Myers, FL 33908
City/State and Zip Code

hudsonbk1ec@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Hudson at (239) 561-2895
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

INHS18 (5/08)

(check is on file)

RECEIVED
12 JUL 27 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EMLOCA, LLC
2. (a) Principal office address of limited liability company: 16620 Wellington Lake Cir
Ft Myers FL 33908
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: same
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 3/29/11
4. Document number: L11000037810
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Company Service Company
Registered Office Address: 1201 Hayes Street
Tallahassee FL 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Katherine Hudson
NEW Registered Office Address: 16620 Wellington Lake Cir
(**MUST BE FLORIDA STREET ADDRESS**) Ft Myers FL 33908

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.

Katherine Hudson
Signature of a member or authorized representative of a member

Katherine Hudson
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.

Katherine Hudson
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00