

L 11000038638

(Requestor's Name)

(Address)

14240 SeaShell Ct.  
Crystal River, Florida 34429

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

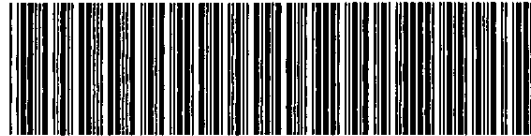
(Business Entity Name)

(Document Number)

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12 APR 30 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
Apr 30 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2012

HENRY'S R LLC  
14240 SEASHELL CT.  
CRYSTAL RIVER, FL 34429

SUBJECT: HENRY'S R LLC  
Ref. Number: L11000038638

We have received your document for HENRY'S R 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):

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: 812A00010263

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HENRY'S R. 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:

GAIL M. NORMAN  
Name of Person

HENRY'S R. LLC  
Firm/Company

142-40 SEASHELL CR.  
Address

CRYSTAL RIVER, FL. 34429  
City/State and Zip Code

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

For further information concerning this matter, please call:

GAIL M. NORMAN at (352) 563-5653  
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

**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: HENRY'S R LLC

2. (a) Principal office address of limited liability company: 14240 SEASHELL COURT

(Note: **MUST BE STREET ADDRESS**)

CRYSTAL RIVER, FL 34429

(b) Mailing address of limited liability company: 14240 SEASHELL COURT

(Note: **MAY BE POST OFFICE BOX**)

CRYSTAL RIVER, FL 34429

03-31-2011

3. Date of filing/registration in Florida

L11000038638

4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET

TALLAHASSEE, FL 32301 US

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

**NEW Registered Agent:**

GAIL M. NORMAN

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

14240 SEASHELL COURT  
CRYSTAL RIVER, FL 34429

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.

Gail M. Norman  
Signature of a member or authorized representative of a member

GAIL M. NORMAN  
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.*

Gail M. Norman  
Signature of Registered Agent

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

FILING FEE: \$25.00