

L11000040614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

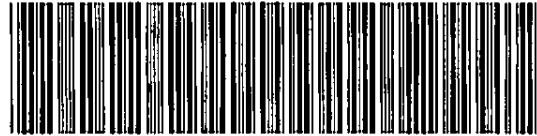
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



300301651193

07/24/17--01016--030 **35.00

FILED
17 AUG 24 PM 2:00
CLERK OF COURT
STATE OF FLORIDA

S. WARREN

AUG 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2017

TOBI TUTTOBENE
5785 GILLIAM RD
ORLANDO, FL 32818

SUBJECT: OAK ACRES FARM LLC
Ref. Number: L11000040614

We have received your document for OAK ACRES FARM 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 CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00015334

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oak Acres Farm 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:

Tobi Tuttobene
Name of Person

Oak Acres Farm LLC
Firm/Company

5785 Gilliam Rd
Address

Orlando FL 32818
City/State and Zip Code

tobi @tawtravel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tobi Tuttobene at (407) 739-5365
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

Already Paid \$35

RECEIVED
2017 AUG 25 AM 11:32
TALLAHASSEE, FLORIDA

511

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.

Orlando FL 32818

4. L11 000040614
Document number

Orlando, FL 32818

[NHS]8 (2/14)