

L11000048481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

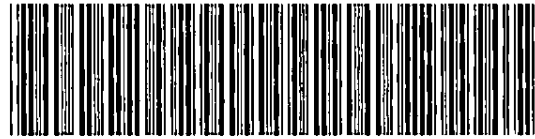
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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18 OCT 26 PM 1:48

2018 SEP 24 PM 6:01

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NOV 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2018

JUSTIN ZINZOW
8750 HAWBUCK ST
TRINITY, FL 34655-5364

SUBJECT: ZINARRO NOTICE TO OWNER, LLC
Ref. Number: L11000048481

We have received your document for ZINARRO NOTICE TO OWNER, 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, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 518A00020139

2018 NOV 26 PM 1:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zinarro Notice to Owner, 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:

Justin R. Zinzow

Name of Person

Zinzow Law, LLC

Firm/Company

8750 Hawbuck Street

Address

Trinity, FL 34655-5364

City/State and Zip Code

jzinzow@zinzowlaw.com

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

For further information concerning this matter, please call:

Justin R. Zinzow 727 787-3121

Name of Person at () 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: Zinarro Notice to Owner, 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)

8750 Hawbuck Street

8750 Hawbuck Street

Trinity, FL 34655-5364

Trinity, FL 34655-5364

04/21/2011

L11000048481

3. Date of filing/registration in Florida

4. Document number

5. (a) Zinzow Law, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

35111 U.S. Highway 19 North, 302

Palm Harbor, FL 34684

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

8750 Hawbuck Street

Trinity, FL 34655-5364

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]
Signature of a member or authorized representative of a member

Justin R. Zinzow

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00