

LI 000055848

(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



300246183883

03/29/13--01012--018 **35.00

FILED
2013 APR 15 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lit World Health 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:

Brooke Stuart
Name of Person

Lit World Health LLC
Firm/Company

218 nob Hill Circle
Address

Longwood, FL 32779
City/State and Zip Code

BROOKESTUART@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Stuart at (407) 341 0592
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, see letter on back



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2013

BROOKE STUART
218 NOB HILL CIRCLE
LONGWOOD, FL 32779

SUBJECT: LIT WORLD HEALTH LLC
Ref. Number: L11000055848

We have received your document for LIT WORLD HEALTH 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):

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

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 813A00007833

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: Lit World Health LLC

2. (a) Principal office address of limited liability company: 218 Nob Hill Circle
(Note: **MUST BE STREET ADDRESS**)

Longwood, FL 32779

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

218 Nob Hill Circle

Longwood, FL 32779

4/9/2013
3. Date of filing/registration in Florida

11000055848
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:

B302 Winding Oak Court
Suite A
Tampa, FL 33612

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

NEW Registered Agent:

Brooke Stuart

NEW Registered Office Address:

218 Nob Hill Circle

(**MUST BE FLORIDA STREET ADDRESS**)

Longwood, FL 32779

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.

Brooke Stuart
Signature of a member or authorized representative of a member

Brooke Stuart
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.

Brooke Stuart
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
APR 15 AM 8:57
TALLAHASSEE, FLORIDA