

LI1000068438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

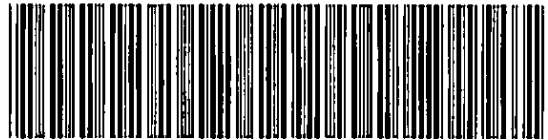
(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

DANIEL ALGOR
5676 W GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429

SUBJECT: MEADE ATM SERVICES, LLC
Ref. Number: L11000068438

We have received your document for MEADE ATM SERVICES, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You can only have one registered agent. Please decide who it will be.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 619A00020658

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEADE ATM SERVICES, 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:

Daniel Algor

Name of Person

ATM Enterprises of the Nature Coast, LLC

Firm/Company

5676 W GULF TOT LAKE HWY

Address

CRYSTAL RIVER, FL 34428

City/State and Zip Code

algormesser@gmail.com

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

For further information concerning this matter, please call:

DANIEL ALGOR

352

302-0801

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: MEADE ATM SERVICES, 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**)

5291 W DEPUTY DRIVE

BEVERLY HILLS, FL 34465

3. _____ Date of filing/registration in Florida 4. _____ Document number

9/1/2019

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

GREG MEADE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5291 W DEPUTY DRIVE

BEVERLY HILLS, FL 34465

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

DANIEL ALGOR

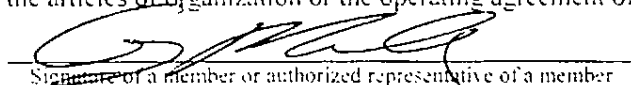
NEW Registered Office Address:

5676 W GULF TO LAKE HWY

CRYSTAL RIVER, FL 34428

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 DEC -9 PM 2:28

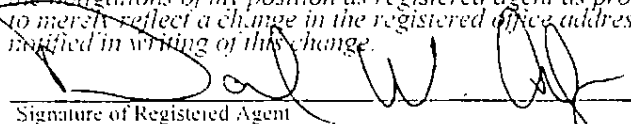
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

GREG MEADE

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 of Registered Agent