

L110000110988

(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:

G. MCLEOD

DEC - 8 2011

EXAMINER



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11/30/11--01004--004 **25.00

FILED
11 DEC -7 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2011

DANIEL MILLER
PO BOX 127
SARASOTA, FL 34230

SUBJECT: SARASOTA VISUAL ART, LLC
Ref. Number: L11000110988

We have received your document for SARASOTA VISUAL ART, 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 111A00026928

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Visual Art, 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 Miller
Name of Person

Sarasota Visual Art, LLC
Firm/Company

PO Box 127
Address

Sarasota, FL 34230
City/State and Zip Code

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

For further information concerning this matter, please call:

Timothy Jaeger at (941) 400 - 0598
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: Sarasota Visual Art, LLC

2. (a) Principal office address of limited liability company: 2748 Gulf Gate Drive

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

Sarasota, FL 34231

(b) Mailing address of limited liability company:

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

PO Box 127

Sarasota, FL 34230

09/28/2011
3. Date of filing/registration in Florida

L11000110988
4. Document number

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

Registered Agent:

United States Corporations Agent Inc.

Registered Office Address:

13302 Windy Oak Court Suite A.
Tampa, FL 33618

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

NEW Registered Agent:

Daniel Miller

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2748 Gulf Gate Drive

Sarasota, FL 34231

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.

Daniel L. Miller
Signature of a member or authorized representative of a member

Daniel L. Miller
Printed or typed name of signer

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.

Daniel L. Miller
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
DEC - 7 PM 3:00
TALLAHASSEE, FL
SECRETARY OF STATE