

L11 0000134752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

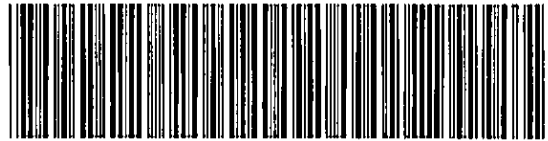
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F.J. Stocco 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:

Fitzroy Joseph
Name of Person

F.J. Stocco LLC
Firm/Company

4371 NW 1st Terrace
Address

Pompano Beach, FL 33064
City/State and Zip Code

fitzroy.joe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Joseph at (954) 708-4181
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



2021 OCT 15 AM 8:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2021

FITZROY JOSPEH
4371 NW 1ST TERRACE
POMPANO BEACH, FL 33064

SUBJECT: F J STOCCO LLC
Ref. Number: L11000134752

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

We have received your document for F J STOCCO 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 Limited Partnership, but your entity is a Limited Liability Company. 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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00022817

**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: F J Stocco LLC
2. (a) 4371 NW 1ST Terrace (b) P O Box 4058
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Pompano Beach, FL 33064 Boynton Beach, FL 33424
3. 11/29/2011 4. L11000134752
Date of filing/registration in Florida Document number
5. (a) Diane Staples
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
107 NE 2nd St. #205
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Boca Raton FL 33429
- (b) Shannon Joseph
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4371 NW 1ST Terrace
NEW Registered Office Address:
Pompano Beach FL 33064

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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.

Shannon Joseph Fitzroy Joseph
Signature of a member or authorized representative of a member 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