

L12000 023 261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

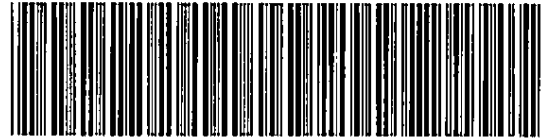
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000336640790

FILED
2020 JAN -3 AM 9:52
SECRETARY OF STATE
FALL ALIASES: FL 0000-

11/23/19--01006--014 \$135.00

R0/ch8

JAN 07 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAUDIA O'BRIEN 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:

CLAUDIA I. O'BRIEN

Name of Person

CLAUDIA O'BRIEN LLC

Firm/Company

2105 STERLING GLEN CT

Address

SUN CITY CENTER, FL 33573

City/State and Zip Code

claudiaobrien@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA O'BRIEN

813-374-3463

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2019

CLAUDIA I. O'BRIEN
2105 STERLING GLEN CT.
SUN CITY CENTER, FL 33573

SUBJECT: CLAUDIA O'BRIEN, LLC
Ref. Number: L12000023261

We have received your document for CLAUDIA O'BRIEN, 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.

You failed to list the new registered agent information in the space provided.

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 II

Letter Number: 119A00025789

**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: CLAUDIA O'BRIEN LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

2105 STERLING GLEN CT

SUN CITY CENTER, FL 33573

Mailing address of limited liability company:

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

2105 STERLING GLEN CT

SUN CITY CENTER, FL 33573

02/06/2009

L12000023261

3. Date of filing/registration in Florida

4. Document number

5. (a) DENNIS A. O'BRIEN

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11913 Autumn Creek Dr

Riverview

FL 33569

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

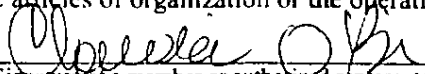
NEW Registered Office Address:

2105 STERLING GLEN CT

SUN CITY CENTER

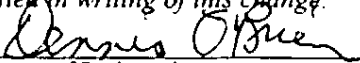
FL 33573

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

CLAUDIA O'BRIEN
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

FILED
2020 JAN -3 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA