

L12000055433

(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



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03/23/16--01004--013 **35.00

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2016 APR - 8 P 4: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 10 2016
J. BRUCE

Restoration 100 LLC
6236 Homeland Road
Wellington, FL 33449
(561)313-4002

April 6, 2016

Deborah Bruce
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Restoration 100 LLC
Ref. No. L12000055433

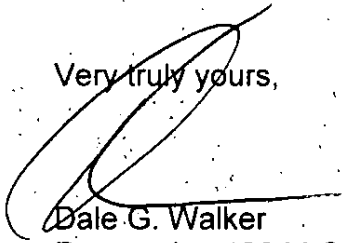
Dear Ms. Bruce:

Please find enclosed a copy of your letter dated March 30, 2016 along with the proper forms to change the address of Restoration 100 LLC.

Please note: Enclosed with my previous request, I send a check in the amount of \$35.00. Please send the \$10.00 refund to the above address as soon as possible.

Thank you.

Very truly yours,


Dale G. Walker
Restoration 100 LLC

2016 APR 11 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2016

DALE WALKER
6236 HOMELAND RD.
WELLINGTON, FL 33449

SUBJECT: RESTORATION 100 LLC
Ref. Number: L12000055433

We have received your document for RESTORATION 100 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00006476

2016 APR -8 P 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restoration 100 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:

Dale G. Walker

Name of Person

Restoration 100 LLC

Firm/Company

6236 Homeland Road

Address

Wellington, FL 33449

City/State and Zip Code

dwalker@cweng.us

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

For further information concerning this matter, please call:

Dale G. Walker at (561) 313-4002

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Restoration 100 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**)

6236 Homeland Road

6236 Homeland Road

Wellington, FL 33449

Wellington, FL 33449

5-1-2012

L12000055433

3. Date of filing/registration in Florida

4. Document number

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

Dale G. Walker

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2775 Vista Parkway, G-6

West Palm Beach, FL 33411

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

Dale G. Walker

NEW Registered Office Address:

6236 Homeland Road

Wellington,, FL 33449

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.

Dale G. Walker
Signature of a member or authorized representative of a member

Dale G. Walker

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.

Dale G. Walker
Signature of Registered Agent

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

FILED
2016 APR - 8
TALLAHASSEE
SECRETARY OF STATE