

L12000126680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

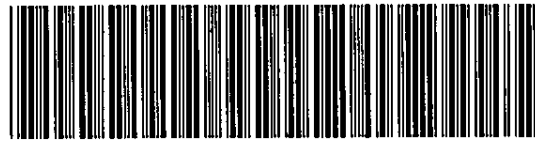
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
9-23-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

CHRISTIAN LEAVITT / FLORIDA SUNCOAST LEAGUE LLC
PO BOX 381110
MURDOCK, FL 33938 US

SUBJECT: FLORIDA SUN COAST LEAGUE LIMITED LIABILITY COMPANY
Ref. Number: L12000126680

We have received your document for FLORIDA SUN COAST LEAGUE LIMITED LIABILITY COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 014A00019429

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Sun Coast League 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:

Christian Leavitt
Name of Person

Florida Sun Coast League
Firm/Company

P.O. Box 20965
Address

Bradenton, FL 34204
City/State and Zip Code

cleavitt@pcsf1.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Leavitt at (941) 7 209-8037
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Citron 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

RECEIVED
P. 2

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: Florida Sun Coast League LLC

2. (a) 16671 68th St E

Principal office address of limited liability company:

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

Bradenton, FL
34203

(b) P.O. Box 20965

Mailing address of limited liability company:

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

Bradenton, FL
34204

3. 10/4/2012
Date of filing/registration in Florida

4. L12000126680
Document number

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

1685 Darwin Rd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Venice, FL 34293

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

NEW Registered Office Address:
16671 68th St E

Bradenton, FL 34203

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.

Rudolph Banuelos
Signature of a member or authorized representative of a member

Rudolph Banuelos
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

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS