

L12000140647

(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:

Wrong form

Office Use Only



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05/10/17--01042--002 **35.00

FILED
17 JUN 19 PM 3:58
NOTES
COURT REPORTER
ONLINE

S. WARREN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2017

ANNE RYAN
11715 SEAWARD COURT
JACKSONVILLE, FL 32225

SUBJECT: FIRST COAST MOLD DETECTIVES LLC
Ref. Number: L12000140647

We have received your document for FIRST COAST MOLD DETECTIVES 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):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00010724



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

DENNIS WILLIAMS
11715 SEAWARD CT
JACKSONVILLE, FL 32225

SUBJECT: FIRST COAST MOLD DETECTIVES LLC
Ref. Number: L12000140647

We have received your document for FIRST COAST MOLD DETECTIVES 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 - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00009588

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST COAST MOLD DETECTIVES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Ryan
Name of Person

Firm/Company

11715 Seaward Ct.
Address

Jacksonville, FL 32225
City/State and Zip Code

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

For further information concerning this matter, please call:

Anne Ryan at (904) 998-8584
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 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: First Coast Mold Detectives, LLC

2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>11715 Seaward Ct.</u> <u>Jacksonville, FL 32225</u> <u>11/06/2012</u>	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>11715 Seaward Ct.</u> <u>Jacksonville, FL 32225</u> <u>L12000140647</u>
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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:

Monakey & Company CPS LC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12443 San Jose Blvd., #301

Jacksonville, FL 32225

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

Anne Ryan

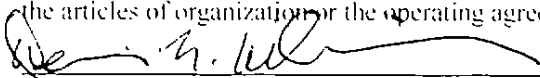
NEW Registered Office Address:

11715 Seaward Ct.

Jacksonville, FL 32225

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17 JUN 19 PM 3:58
TALLAHASSEE, FLORIDA

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.

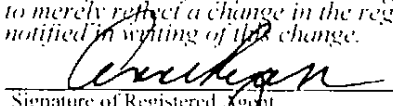


Signature of a member or authorized representative of a member

Dennis R. Williams

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 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