

L12000141207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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OCT 16 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2013

CRISTIE WAGNER
3167 N TYRONE AVE
HERNANDO, FL 34442

SUBJECT: WEST CITRUS DISTRIBUTING, LLC
Ref. Number: L12000141207

We have received your document for WEST CITRUS DISTRIBUTING, 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.

Tammi Cline
Regulatory Specialist II

Letter Number: 713A00022753

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FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEST CITRUS DISTRIBUTING 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:

CRISTIE WAGNER

Name of Person

WEST CITRUS DISTRIBUTING LLC

Firm/Company

3167 N TYRONE AVE

Address

HERNANDO FL 34442

City/State and Zip Code

ZWAGNER@CENTURYLINK.NET

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

For further information concerning this matter, please call:

ZOLA WAGNER

Name of Person

at (352)

637-0188

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 608.416 or 608.508, 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: WEST CITRUS DISTRIBUTING LLC

2. (a) Principal office address of limited liability company: 3167 N TYRONE AVE
(Note: **MUST BE STREET ADDRESS**) HERNANDO FL
34442

(b) Mailing address of limited liability company: 3167 N TYRONE AVE
(Note: **MAY BE POST OFFICE BOX**) HERNANDO FL
34442

OCT 8 2013
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:

Registered Agent: TNE COMPANY CORP ORVILLE WAGNER

Registered Office Address: 2711 3167 N TYRONE AVE
CENTERVILLE ROAD WILMINGTON DE HERNANDO FL 34442
19808

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

NEW Registered Agent: CRISTIE WAGNER

NEW Registered Office Address: 3167 N TYRONE AVE
(**MUST BE FLORIDA STREET ADDRESS**) HERNANDO FL
34442

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.

Cristie Wagner
Signature of a member or authorized representative of a member

CRISTIE WAGNER
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 608, 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.

Cristie Wagner
Signature of Registered Agent

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