

L12000159802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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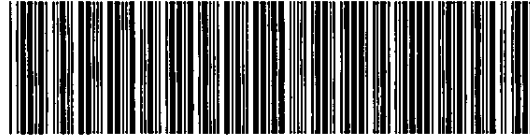
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan DEC 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERWIN FAMILY PROPERTY INVESTMENTS 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:

WILLIAM W ERWIN SR.

Name of Person

ERWIN FAMILY PROPERTY INVESTMENTS LLC

Firm/Company

4952 N.W. C.R. 347

Address

CHIEFLAND, FLORIDA 32626

City/State and Zip Code

BILLERWIN@ERWININS.COM

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

For further information concerning this matter, please call:

WILLIAM W. ERWIN SR.

at (**904**)

226-5941

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 DEC 14 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2015

WILLIAM W ERWIN SR
4952 NW CR 347
CHIEFLAND, FL 32626

SUBJECT: ERWIN FAMILY PROPERTY INVESTMENTS, LLC
Ref. Number: L12000159802

We have received your document for ERWIN FAMILY PROPERTY INVESTMENTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 515A00025099

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0156, 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: ERWIN FAMILY PROPERTY INVESTMENTS, 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**)

4952 N.W. C.R. 347

P. O. BOX 1191

CHIEFLAND, FLORIDA 32626

CHIEFLAND, FLORIDA 32644

12/24/2012

L12000159802

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:

WILLIAM W ERWIN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3728 PHILLIPS HWY, SUITE 215

JACKSONVILLE, FL 32207

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

WILLIAM W ERWIN SR

NEW Registered Office Address:

~~P.O. BOX 1191~~ 4952 N.W. C.R. 347

CHIEFLAND, FL ~~32644~~ 32626

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.

William W Erwin Sr
Signature of a member or authorized representative of a member

WILLIAM W. ERWIN SR.

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.

William W Erwin Sr
Signature of Registered Agent

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TALLAHASSEE, FLORIDA