

L130000002986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

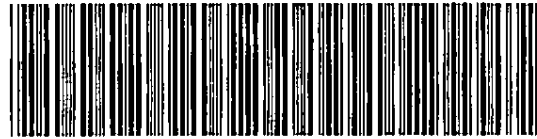
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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11/19/21--01010--000 **35.00

FILED

2022 JAN 21 AM 6:38

SECRETARY OF STATE
TALLAHASSEE, FL

JAN 27 2022



RECEIVED

2022 JAN 21 AM 9:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

January 6, 2022

BROOKE SHEPPARD
12890 NE STATE RD 24
ARCHER, FL 32618

SUBJECT: WATSON C & D, LLC
Ref. Number: L13000002886

We have received your document for WATSON C & D, 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 822A00000434



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 27 PM 8:13

December 8, 2021

BROOKE SHEPPARD
12890 NE STATE RD 24
ARCHER, FL 32618

SUBJECT: WATSON C & D, LLC
Ref. Number: L13000002886

We have received your document for WATSON C & D, 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00029554

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Watson C+D
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:

Brooke Sheppard
Name of Person

Watson C+D
Firm/Company

12890 NE SR 24
Address

Archer, FL 32618
City/State and Zip Code

Brooke@WatsonC11.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Sheppard at (352) 495-9948
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Watson C&D, LLC

2. (a) 12890 NE State Road 24, Archer, FL 32618
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) Same
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 10/19/2000 Date of filing/registration in Florida

4. L13000002886 Document number

5. (a) Amanda Hinote-Grimm
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

12890 NE State Road 24

Archer, FL 32618

(b) Brooke Sheppard

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

12890 NE State Road 24

Archer, FL 32618

FILED
2022 JAN 21 AM 6:38
SECRETARY OF STATE
TALLAHASSEE, FL

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]
Signature of a member or authorized representative of a member

Larry R. Watson
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.

B. Sheppard
Signature of Registered Agent