L13000029663

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(cny.cator_pone ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
wrong form
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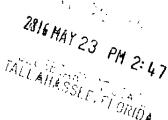
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SECRETARY OF STATE

MAY 24 2013 BRUCK



FLORIDA DEPARTMENT OF STATE Division of Corporations



May 9, 2016

JAMES GARDNER 5332 CHARMES SARASOTA, FL 34235

SUBJECT: J GARDNER & ASSOCIATES LLC

Ref. Number: L13000029663

We have received your document for J GARDNER & ASSOCIATES 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A000097676

COVER LETTER

Division of	on Section of Corporations			
SUBJECT:	J GARDNOR &	ASSOCIATES LLC Limited Liability Company		
	Name of I	Limited Liability Company		
Dear Sir or Madar	n:			
The enclosed Regi	istered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all co	orrespondence concerning this mat	tter to the following:		
	JAMES F. GART	Nere		
	Name of Person			
	J GARDNER & Firm/Company	ASSOCIATES, LLC		
	5332 CHRENC Address	5		
	SARASOTA TL 3 City/State and Zip Code	34235 300 P		
J f q q E-mail addre	ARDNER O gonal. Co	EECRETARY OF STREET FLOOR STREE	T	
For further inform	ation concerning this matter, pleas	se call:		
√An∈ N	ame of Person	30.0		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301				
Enclosed	is a check for the following amo	unt:		
□ \$25 Fil	ing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Piori			_	1				
1. 1	Tame of the limited liability company: J Gard)	sere a	nd	Associates	. <u>L</u>	LC		
2. (a	5332 CHARMES	(b)		5332 CHAR	ME	5		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SAEASOTA, FL 34235	_	•	SAKASOTA	<u>,Ŧ</u> ,		3423.	5_
	2 24, 2013		L	130000 Z	96	63		
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a	IRUPLE B SAME	5						
J. (c	Registered Agent and Registered Office shown on the records of the	ne Florida De	pt. of S	tate:				
	3859 BEZ Ridge	ROAD						
	Registered Office Address (MUST BE FLORIDA STREET A			· -				
			~					
	SARASOTA ,FL	342.	35	_ _				
(b		0.00			7	D 3		
	Enter name of NEW Registered Agent and/or NEW Registered (<u>ss</u> :	, i	1 <u>8</u> 0	2016		
	DAMES T. GURDNE	z R				墨		
	NEW Registered Office Address:			2	627 544	23		
	5332 CHARMES					U		
	<i>A A b b b b b b b b b b</i>	a u a	سر ۵			E O		
	SAKASOTA ,FL	342	33_	,	>	=		
the clagent was/v the as	limited liability company is not organized under the law range or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lumber.	the register bility comp f the limited limited liab	red off cany, i d liabi cility c	ice and the busing t is hereby confir lity company or a	ess off med the s othe	fice of nat the rwise	the register change (stered (s)
Sign	nature of a member or authorized representative of a member			Printed or typed	name o	f signee		
provi the o to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I have been in writing of this change.	ee to act in performand I for in Cha ereby conf	this co ce of m ipter 6 irm th	apacity. I further wy duties, and I an 105, F.S. Or, if th at the limited liab	agree 1 fami is doci ility c	to con liar w ument ompar	mply wit ith and a is being iy has be	th the accept filed een
Signa	ture of Registered Agent							
-	// -							