

L13000082823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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2017 JAN 19 P 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

NANCY DAVIS
REGISTERED AGENTS LEGAL SERVICES LLC
1013 CENTRE RD, SUITE 103S
WILMINGTON, DE 19805

SUBJECT: APALACHICOLA PROPERTIES LLC
Ref. Number: L13000082823

We have received your document for APALACHICOLA PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 817A00000293

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APALACHICOLA PROPERTIES 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:

NANCY DAVIS

Name of Person

Registered Agents Legal Services, LLC

Firm/Company

1013 Centre Rd, Ste 403S

Address

Wilmington, DE 19805

City/State and Zip Code

rbrier@comcast.net

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

For further information concerning this matter, please call:

Nancy Davis

at (800) 400-6650

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: APALACHICOLA PROPERTIES LLC

2. (a) APALACHICOLA PROPERTIES LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4 E. Lancaster Ave

Paoli, PA 19301

06/07/2013

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

L13000082823

3. Date of filing/registration in Florida

4. Document number

5. (a) Corporation Service Company

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporation Service Company

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays Street

Tallahassee, FL 32301

(b) Registered Agents Legal Services, LLC

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

Registered Agents Legal Services, LLC

NEW Registered Office Address:

155 Office Plaza Drive, Suite A PO Box 10662

Tallahassee, FL 32301

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.

Robert Brier
Signature of a member or authorized representative of a member

Robert Brier

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.

Robert Brier
Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (2/14)

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TALLAHASSEE, FLORIDA