L130000 \$5650

(Requestor's Name) (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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<u> </u>					

Office Use Only



300437460953

10/03/24--01015--011 **2485.00





October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY'S TOYS, LLC

Ref. Number: L13000085650

We have received your document for DOHERTY'S TOYS, LLC and your check(s) totaling \$2485.00. 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) 245-6050.

Wanite A Mills Regulatory Specialist II

Letter Number: 724A00023101

2024 NOV -5 PH 3: 01

www.sunbiz.org

COVER LETTER

	istration Section sion of Corporations			
SUBJECT:	DOHERTY'S TOYS, LLC			
		Name of Limited L	iability Company	_
Dear Sir or ?	Madam:			
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please return	i all correspondence concernin	ig this matter to the	following:	
Walter Thom	aas			
	Name of Person			
Walter Thom	nas, P.A.			ار
	Firm/Company			
2549 Ryland	Falls Srive		7	
	Address	•		S P
Lakeland, Flo	orida 33814			FILE DAY OF STATE
	City/State and Zip Co	de	_	PAGE P
walter@walte	erthomaspa.com			
E-mail	address: (to be used for future	annual report notif	ication)	
For further i	nformation concerning this ma	atter, please call;		
Walter Thom	uas	863 at (940-4855	
	Name of Person	\	Area Code & Daytime Telephone Nun	ıber
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	losed is a check for the follow	ving amount:		
≥ S	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.

L. N	ame of the limited liability company:DOHERTY'S TO	————	
2. (a)	2925 MALL HILL DR	2925 MALL HILL DR	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	LAKELAND, FL 33810		LAKELAND, FL 33810
	06/13/2013		I.13000085650
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	 4.	Document number
,/. (41)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florida l	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	Lakeland, FI	. 33813	2024 NOV -5 PH 3: 04 SEALL AHASSEE, FL
(b)	WALTER THOMAS, P.A.		OV T
,,,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	HASSET
	2549 Ryland Falls Drive		SEE, STEEL
	NEW Registered Office Address:		PATE OF
	Lakeland	33811	
change agent was/w the art	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability con of the limit limited lic	l office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
I here provis the ob- to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered office address, I do not this change.	performai d för in Cl	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apper 605, F.S. Or, if this document is being filed