

L130000101409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

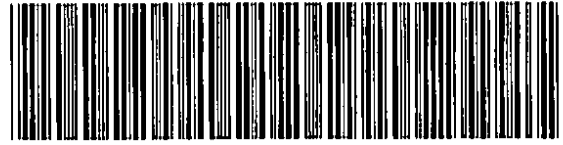
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2018 AUG 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FL

UTS
8-24-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thezette, 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:

George K. Rahdert

Name of Person

Thezette, LLC

Firm/Company

535 Central Avenue

Address

St. Petersburg, FL 33701-3703

City/State and Zip Code

grahdert@rahdertlaw.com

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

For further information concerning this matter, please call:

Sandi Ford

at (727)

823-4191

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

July 31, 2018

GEORGE K. RAHDERT
THEZETTE, LLC
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701-3703

SUBJECT: THEZETTE, LLC
Ref. Number: L13000101409

We have received your document for THEZETTE, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 718A00015770

40

REC-11

2018 AUG 15 AM 10:00

RECEIVED
DIVISION OF
CORPORATIONS
TALLAHASSEE, FL

**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: Thezette, 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**)

535 Central Avenue

535 Central Avenue

St. Petersburg, FL 33701-3703

St. Petersburg, FL 33701-3703

07/17/2013

L13000101409

3. Date of filing/registration in Florida

4. Document number

5. (a) George K. Rahdert

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

100 - 2nd Avenue, South

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite #701

St. Petersburg, FL 33701

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

NEW Registered Office Address:

535 Central Avenue

St. Petersburg, FL 33701-3703

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

George K. Rahdert
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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2018 AUG 15 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FL