

L13 000 109 610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

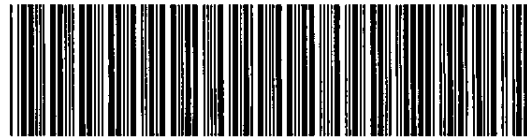
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000263956320

09/08/14--01019--016 **55.00

FILED
14 SEP 15 AM 11:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARM
9-17-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schiros ; Schiros Holdings 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:

Ruth Schiros
Name of Person

Schiros ; Schiros Holdings LLC
Firm/Company

3151 Coquina Key Dr SE
Address

Saint Petersburg FL 33705
City/State and Zip Code

BSchiros@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Schiros at (727) 735 2310
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

FILED
14 SEP 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2014

RUTH SCHIROS
SCHIROS & SCHIROS HOLDINGS, LLC
3151 COQUINA KEY DRIVE SE
SAINT PETERSBURG, FL 33705

SUBJECT: SCHIROS & SCHIROS HOLDINGS, LLC
Ref. Number: L13000109610

We have received your document for SCHIROS & SCHIROS HOLDINGS, 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 incorrect form was submitted. Please submit form pursuant to section 605, LLC.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 714A00017056

**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: Schiros ; Schiros Holdings, LLC
2. (a) 3151 Coquina Key Dr Saint Petersburg FL 33701 (b) 3151 Coquina Key Dr SE St. Petersburg FL 33701
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 8/2/2013 Date of filing/registration in Florida 4. L13000109610 Document number

5. (a) Corporation Service Corp
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

- (b) Ruth Schiros
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3151 Coquina Key Drive SE
NEW Registered Office Address:

Saint Petersburg, FL 33701

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.

Ruth Schiros
Signature of a member or authorized representative of a member

Ruth Schiros
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.

Ruth Schiros
Signature of Registered Agent

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

FILED
14 SEP 15 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA