

L13000112671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

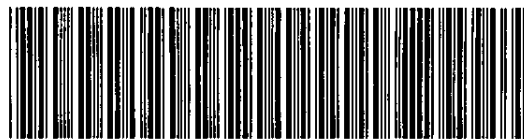
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

08/26/13--01036--006 **35.00

N. Culligan SEP 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBIN MARTIN LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

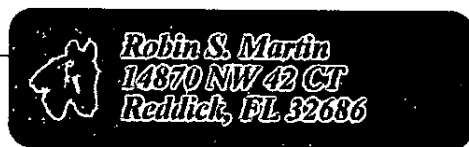
Please return all correspondence concerning this matter to the following:

ROBIN MARTIN

Name of Person

ROBIN MARTIN LLC

Firm/Company



City/State and Zip Code

R52VAL@GMAIL.COM

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

For further information concerning this matter, please call:

ROBIN MARTIN

Name of Person

at (772) 486-0217

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

September 12, 2013

ROBIN MARTIN
14870 NW 42 COURT
REDDICK, FL 32686

SUBJECT: ROBIN MARTIN LLC
Ref. Number: L13000112671

We have received your document for ROBIN MARTIN 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 613A00021458

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ROBIN MARTIN LLC

2. (a) Principal office address of limited liability company: Robin S. Martin
14870 NW 42 CT
Reddick, FL 32686
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: Robin S. Martin
14870 NW 42 CT
Reddick, FL 32686
(Note: **MAY BE POST OFFICE BOX**)

8-8-13
3. Date of filing/registration in Florida

4. Document number 2013 L 13060112671

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

Registered Agent: BUSINESS FILINGS INC

Registered Office Address: 515 E PARK AVE
TALLAHASSEE FL 32301

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

NEW Registered Agent: ROBIN MARTIN

NEW Registered Office Address: Robin S. Martin
14870 NW 42 CT
Reddick, FL 32686
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Robin Martin
Signature of a member or authorized representative of a member

ROBIN MARTIN
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 608, 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.

Robin Martin
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SEP 24 AM 10:41
TALLAHASSEE, FLORIDA
DIVISION OF STATE