

#L13000/13213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 28 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2013

FORGAS ENTERPRISES LLC
JOHN OR ASHLEY FORGAS
4846 WOODMERE RD.
LAND O LAKES, FL 34639

SUBJECT: FORGAS ENTERPRISES LLC
Ref. Number: L13000113213

We have received your document for FORGAS ENTERPRISES 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 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Only one person is to be listed as Registered Agent. Please pick which one of you is to be the registered agent.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 513A00019882

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forgas Enterprises 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:

John or Ashley Forgas

Name of Person

Forgas Enterprises LLC

Firm/Company

4846 Woodmere Rd

Address

Land O Lakes, FL 34639

City/State and Zip Code

johnforgas1@verizon.net

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

For further information concerning this matter, please call:

John Forgas

Name of Person

at (813) 527-1927

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 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: Forgas Enterprises LLC

2. (a) Principal office address of limited liability company: 4846 Woodmere Rd

(Note: **MUST BE STREET ADDRESS**)

Land O Lakes, FL 34639

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4846 Woodmere Rd

Land O Lakes, FL 34639

L13000113213

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Legal Zoom

Registered Office Address:

101 N. Brand Blvd, 11th Floor

Glendale, CA 91203

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

NEW Registered Agent:

JOHN FORGAS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4846 Woodmere Rd

Land O Lakes, FL 34639

FL

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 of a member or authorized representative of a member

John Forgas

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.

Signature of Registered Agent

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

FILING FEE: \$25.00