L13000114830

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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June 13, 2018

PETER GERACI 2702 WILSON CIRCLE LUTZ, FL 33548

SUBJECT: GERACI-VAN DYKE RETAIL CENTER, LLC

Ref. Number: L13000114830

We have received your document for GERACI-VAN DYKE RETAIL CENTER, 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 form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 218A00012338

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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Geraci-Van Dyke Retai Center CCC 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:							
Peter Geraci Name of Person							
Geraci-Van Dyke Retail Center, UC Firm/Company							
2702 Wilson circle							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kelly Dobsha at (813) 695-5070 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:							
S25 Filing Fee S55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.

I. Nai	me of the limited liability company: Geraci-l	lan Du	Je Ret	ail Cent	er, cc	<u> </u>	
2. (a)	Principal office address of limited liability company:	(b)	270	ailing address of lir			
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE F			
	Litz, PL 33548		سا	ts, FC	3359	8	
	8-14-13		L131	000 1149	 }30		
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	Jue R. Tew						
	Registered Agent and Registered Office shown on the records of t	the Florida D	ept. of State:				
	OHERT BURN AND STREET	ADDRESS					
	Registered Office Address (MUST BE FLORIDA STREET A 2999 Palm Harbor Blvd.	Suite	A		; ,	7818 J	r
	Palm Herbor FL	346	83		ا بند م	JUL 1	
	Tool P Tool					<u>ယ</u>	\
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :			=	\
	35595 US Hwy 19 N. #		,			8: 02	
	NEW Registered Office Address:						
	Palm Herbor .FL	346	84				
If the li	mited liability company is not organized under the law	vs of the S	tate of Flor	ida, it is hereby	confirmed t	hat afte	r .
agent w	nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia	ability com	pany, it is	hereby confirms	ed that the cl	hange(s))
was/we	re authorized by an affirmative vote of the members of the organization or the operating agreement of the	of the limite limited lig	ed liability bility comp	company or as o cany.	otherwise pr	ovided i	in
P.	A /2-	<u> </u>	eter	Geraci			
•	are of a member or authorized representative of a member			Printed or typed na	-		
I hereb provision the oblition to mere notified	y accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of the change	ee to act ir performan d for in Ch vereby con	n this capa ice of my d apter 605, firm that th	city. I further a uties, and I am) F.S. Or, if this he limited liabili	gree to comp familiar with document is ity company	oly with and ac being f has bee	the cept iled n

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