## L14000005464

|   | (Requestor's Name)       |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|
|   | (Address)                |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | (Address)                |  |  |  |  |  |
|   | (City/State/Zip/Phone #) |  |  |  |  |  |
| PICK-UF                                 | WAIT MAIL                |  |  |  |  |  |
| (Business Entity Name)                  |                          |  |  |  |  |  |
| (Document Number)                       |                          |  |  |  |  |  |
| Certified Copies                        | Certificates of Status   |  |  |  |  |  |
| Special Instructions to Filing Officer: |                          |  |  |  |  |  |
|   | •                        |  |  |  |  |  |
|   |                          |  |  |  |  |  |
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January 13, 2015

ROBIN M. BARBAREE GLEN'S LAKE SHORE BAR, LLC 2420 LAKE SHORE BLVD. JACKSONVILLE, FL 32210

SUBJECT: GLEN'S LAKE SHORE BAR, LLC

Ref. Number: L14000005464

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 715A00000700

Division of Compositions DO DOV 6297 Tollahassas Florida 2921

## **COVER LETTER**

TO: Registration Section
Division of Corporations

| SUBJECT: Glevis Lake Shove Par 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 M. Darbaree  Name of Person   |  |  |  |  |  |  |  |
| Glens Lake Shore Bur LLC Firm/Company   |  |  |  |  |  |  |  |
| 2420 Lake Shove Blvd. Address   |  |  |  |  |  |  |  |
| Jack-Sonville FL 32210  City/State and Zip Code   |  |  |  |  |  |  |  |
| robin_barbaree Occorrect. net  E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |  |
| Robin Barbarec at 904 ) 463-1239  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   |  |  |  |  |  |  |  |
| 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.

| 1.         | Nai                          | ne of the limited liability company: <u>Glen's La</u>   | ike'   | Share   | . Bar L   | <u></u>  |   |
|------------|------------------------------|---|--|---|---|--|---|
|            |                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b)  | SIA<br>M  | ailing address of limited   |  |   |
|            | •                            | Jacksonville, FL 32210  | <br>   |   |   |  |   |
| 3.         | (                            | January 10, 2014  Date of filing/registration in Florida  | 4.   | L140  | CXXXX54C<br>Document number   | 4  |   |
| 5.         | (a)                          | Registered Agent and Registered Office shown on the records of the  | e Florida I  |   | :   |  |   |
|            |                              | Registered Office Address (MUST BE FLORIDA STREET AD  | DORESS)  | <del>-</del>  |   |  |   |
|            |                              | Tampa FL  | 330  | <u> હા</u>  |   | 15 JAN   | —   |
|            | (b)                          | Robin Parbairee  Enter name of NEW Registered Agent and/or NEW Registered O   | Mice addı  | ess:  | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;   | 26   |   |
|            |                              | 2420 Lake Shore 100<br>NEW Registered Office Address:   | vd.  |   | ţ.  | 0 0 11   | *   |
|            |                              |   | <del></del>  |   | ,   | _  |   |
| Ift        | he li                        | imited liability company is not organized under the laws  | s of the S   | State of Flo  | orida, it is hereby co  | nfirmed  | that after  |
| the<br>age | cha<br>entv<br>s/we<br>∡arti | nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.  | he regist<br>sility cor<br>the limit<br>imited lis | ered office<br>npany, it is<br>ted liability<br>ability com | and the business of<br>thereby confirmed to<br>company or as other<br>toany.                    | ffice of the that the control of the | he registered<br>hange(s)                                 |
|            | igna                         | M Paulull<br>ture of a member or authorized representative of a member  |  |   | Printed or typed name   | of signee  | - le seigh gha  |
| no         | 1                            | by accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  My Duwwull re of Registered Agent | e to act i<br>performa<br>for in C<br>preby co     | n this capa<br>nce of my a<br>hapter 605,<br>nfirm that t   | icity. I further agre<br>duties, and I am fan<br>, F.S. Or, if this do<br>the limited liability | e to com<br>tiliar with<br>cument is<br>company  | ply with the<br>h and accept<br>s being filed<br>has been |