

L14000025139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

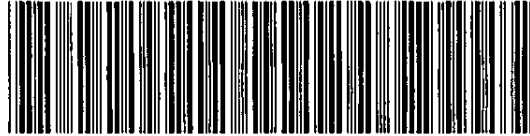
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

FF 25.⁰⁰
Overpaid \$10.⁰⁰

Office Use Only



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RA/Address change
L14-25139

08/27/15--01006--011 **35.00

FILED
15 SEP 15 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 16 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Moving 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:

David L. Slate

Name of Person

Family Moving LLC

Firm/Company

2551 Border Rd

Address

Venice, FL 34292

City/State and Zip Code

familymovingllc@yahoo.com

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

For further information concerning this matter, please call:

David L. Slate

Name of Person

at (941) 281-5040

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:

see letter dated 9/3/15

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

DAVID L. SLATE
FAMILY MOVING LLC
2551 BORDER ROAD
VENICE, FL 34292

SUBJECT: FAMILY MOVING LLC
Ref. Number: L14000025139

We have received your document for FAMILY MOVING LLC and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 515A00018701

**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: Family Moving LLC
2. (a) 2551 Border Rd (b) Same as (a)

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Venice, FL 34292

3. 02/13/2014
Date of filing/registration in Florida

4. L14000025139
Document number

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

2374 Yalta Terrace
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

North Port FL 34286
North Port, FL 34286

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

2551 Border Rd
NEW Registered Office Address:

Venice, FL 34292

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.

David L. Slate
Signature of a member or authorized representative of a member

David L Slate
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.

David L. Slate
Signature of Registered Agent

FILED
15 SEP 15 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA