

LM4000028574

(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:

Office Use Only



800274034458

06/22/15--01012--003 **25.00

FILED

2015 JUN 22 P 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2015
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRALINE PROPERTIES 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:

CHESTER INGALLS

Name of Person

INGALLS ASSOCIATES, PA, CPAS

Firm/Company

3495 5TH AVENUE NORTH

Address

ST. PETERSBURG, FL 33713

City/State and Zip Code

BUU@INGALLSCPA.COM

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

For further information concerning this matter, please call:

CHESTER INGALLS

at (**727**)

327-0406

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

2015 JUN 22 P 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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: PRALINE PROPERTIES LLC

2. (a) 3495 5TH AVE N (b) 3495 5TH AVE N

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ST. PETERSBURG, FL 33713

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

ST. PETERSBURG, FL 33713

02/19/2014

L14000028574

3. Date of filing/registration in Florida

4. Document number

5. (a) SILVIA A DAWSON

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7015 DAWSON LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33634

(b) INGALLS ASSOCIATES, PA, CPAS

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

3495 5TH AVENUE NORTH

NEW Registered Office Address:

ST. PETERSBURG, FL 33713

FILED
2015 JUN 22 P 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

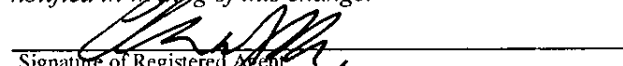
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

PAQUITA VELASCO

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.


Signature of Registered Agent

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