

L16000054137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

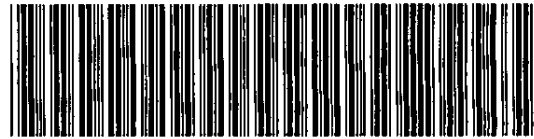
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 06 2017

Y SULKER



COPY

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2016

PAMELA SONNE  
2110 N DONNELLY STREET SUITE 102  
MOUNT DORA, FL 32757

SUBJECT: WWW INVESTMENTS LLC  
Ref. Number: L14000054137

RECEIVED  
2017 JAN -3 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WWW INVESTMENTS 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):

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 116A00023881

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

12/29/2016

**SUBJECT:** WWW INVESTMENTS 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:

PAMELA SONNE

Name of Person

WWW INVESTMENTS LLC

Firm/Company

2110 N DONNELLY STREET, SUITE 102

Address

MOUNT DORA, FL 32757

City/State and Zip Code

pamela@expertrealestateadvisors.com

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

For further information concerning this matter, please call:

PAMELA SONNE

Name of Person

352 729-9274

at ( )

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 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: WWW INVESTMENTS LLC

2. (a) WWW INVESTMENTS LLC (b) WWW INVESTMENTS LLC

Principal office address of limited liability company:

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

2110 N DONNELLY STREET, SUITE 102

MOUNT DORA, FL 32757

Mailing address of limited liability company:

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

2110 N DONNELLY STREET, SUITE 102

MOUNT DORA, FL 32757

04/02/2014

L14000054137

3. Date of filing/registration in Florida 4. Document number

5. (a) EDWARD C WORKINGER, JR.

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

244 BLUE BRANCH STREET

EUSTIS, FL 32236

(b) EDWARD C WORKINGER, JR.

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

**NEW** Registered Office Address:

2110 N DONNELLY STREET, SUITE 102

MOUNT DORA, FL 32757

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.

Edward C Workinger

Signature of a member or authorized representative of a member

EDWARD C WORKINGER

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.*

Edward C Workinger

Signature of Registered Agent

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

FILING FEE: \$25.00