

L14 0000 65605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

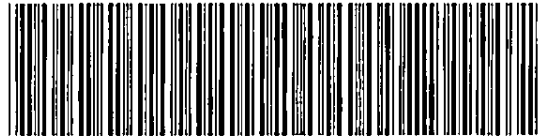
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

Ch



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2023

TIMOTHY WOODALL  
P.O. BOX 551693  
FORT LAUDERDALE, FL 33355 US

SUBJECT: GABLE PROPERTIES & INVESTMENTS, LLC  
Ref. Number: L14000065605

We have received your document for 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 FLORIDA CORPORATION, but your entity is FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 823A00026122

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CLERK OF COURT  
JANUARY 2024

Belatedly addressing this - thanks! Hope all  
is now in order with my changes

Tim Woodall  
Gable Properties & Investments LLC  
954-852-4156  
tim-woodall@yahoo.com

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GABLE PROPERTIES & 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:

TIMOTHY WOODALL  
Name of Person

GABLE PROPERTIES & INVESTMENTS LLC  
Firm/Company

Address

City/State and Zip Code

tim-woodall@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY WOODALL at ( 954 ) 882 4155  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

**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: GABLE PROPERTIES + INVESTMENTS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

12555 ORANGE DRIVE #4176

PO BOX 551693

DAVIE FL 33330

FT LAUDERDALE, FL 33355

3. A.22.14 4. LIAG000065805  
Date of filing/registration in Florida Document number

5. (a) WOODALL, TIMOTHY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4900 S UNIVERSITY DRIVE, STE D-1

DAVIE FL 33328

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

12555 ORANGE DRIVE #4176

**NEW** Registered Office Address:

DAVIE

FL 33330

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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.

T. Woodall  
Signature of a member or authorized representative of a member

TIMOTHY WOODALL  
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.*

T. Woodall  
Signature of Registered Agent