

L14 0000 73003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2020 MAY 25 PM 2:55

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MAY 26 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDNIGHT SUN PROPERTIES OF NWF, 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:

Elise Cothorn

Name of Person

Law 4 Small Business, P.C.

Firm/Company

320 Gold Ave. SW, Ste. 620

Address

Albuquerque, NM 87102

City/State and Zip Code

FILINGS@L4SB.COM

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

For further information concerning this matter, please call:

Elise Cothorn

Name of Person

at (505)

715-5700

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



2020 MAY 11 03 PM 11:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2020

ELISE COTHERN
LAW 4 SMALL BUSINESS, P.C.
320 GOLD AVE. SW - STE. 620
ALBUQUERQUE, NM 87102

SUBJECT: MIDNIGHT SUN PROPERTIES OF NWF, LLC
Ref. Number: L14000073003

We have received your document for MIDNIGHT SUN PROPERTIES OF NWF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 920A00009522

**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: MIDNIGHT SUN PROPERTIES OF NWF, LLC

2. (a) 1333 COLLEGE PKWY (b) 1333 COLLEGE PKWY

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

#511

#511

GULF BREEZE, FL 32563

GULF BREEZE, FL 32563

05-05-2014

L14000073003

3. Date of filing/registration in Florida

4. Document number

5. (a) REGISTERED AGENTS INC.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1333 COLLEGE PKWY, #511

GULF BREEZE, FL 32563

(b) REGISTERED AGENTS INC.

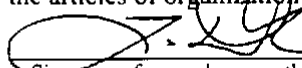
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7901 4th St N, Ste 300

ST. PETERSBURG, FL 33702

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

Laurence S. Donahue, Esq.

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

Bill Havre - Assistant Secretary

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

2020 JUL 26 PM 2:55