

L14000075257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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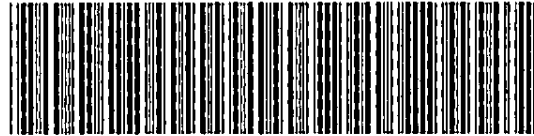
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN 27 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WESTPORT CAPITAL PARTNERS, 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:

Susan K. Flynn, Esq.

\_\_\_\_\_  
Name of Person

Bon Eau Enterprises, LLC

\_\_\_\_\_  
Firm/Company

1767 Lakewood Ranch Blvd., Box 304

\_\_\_\_\_  
Address

Lakewood Ranch, FL 34211

\_\_\_\_\_  
City/State and Zip Code

skf@beellc.net

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

For further information concerning this matter, please call:

Susan K. Flynn, Esq.

941

251-6804

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**• 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: WESTPORT CAPITAL PARTNERS, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

4001 S. Moon Dr.

Venice, FL 34292

05/08/2014

L14000075257

3. Date of filing/registration in Florida

4. Document number

5. (a) Susan K. Flynn, Esq.

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

520 Rye Rd., NE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bradenton, FL 34212

(b) John G. Bauer

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

4001 S. Moon Dr

NEW Registered Office Address:

Venice, FL 34292

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the  
e or changes are made, the Florida street address of the registered office and the business office of the registered  
will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  
are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in  
cles of organization or the operating agreement of the limited liability company.

Susan K. Flynn

are of a member or authorized representative of a member

Susan K. Flynn, Esq.

Printed or typed name of signee

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept  
ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed  
y reflect a change in the registered office address, I hereby confirm that the limited liability company has been  
n writing of this change.*

John G. Bauer  
Registered Agent

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL