

L14000077239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 23 PM 2:16

C. Lewis  
12-31-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2014

ROBIN PATROWICZ  
405 SASSAFRAS LANE  
MOUNT DORA, FL 32757 US

SUBJECT: SASSYSECONDS LLC  
Ref. Number: L14000077239

We have received your document for SASSYSECONDS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 614A00025424



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2014

ROBIN PATROWICZ  
405 SASSAFRAS LANE  
MOUNT DORA, FL 32757 US

SUBJECT: SASSYSECONDS LLC  
Ref. Number: L14000077239

14 DEC 29 AM 10:00  
RECEIVED  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for SASSYSECONDS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 614A00025424

You all have never returned  
the \$35<sup>00</sup> check. Please  
apply towards registered agent  
fee (25<sup>00</sup>) and send \$10<sup>00</sup>  
refund.

Thank you,

Robin Patrowicz

[www.sunbiz.org](http://www.sunbiz.org)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sassy Seconds, 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:

Robin Patrowicz  
Name of Person

Firm/Company

405 Sassafras Lane  
Address

Mount Dora, FL 32757  
City/State and Zip Code

Sassysecondsmtdora@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Patrowicz at ( 352 ) 530-7988  
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

**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: Sassy Seconds, LLC

2. (a) 930 N. Donnelly Street (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**)

Mount Dora, FL 32757

3. 5-12-2014  
Date of filing/registration in Florida

4. L14 0000 77239  
Document number

5. (a) Business Filings Incorporated  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 E. Park Ave.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301  
\_\_\_\_\_, FL \_\_\_\_\_

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

Robin Patrowicz  
**NEW Registered Office Address:**

405 Sassafras Lane

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.

Robin Patrowicz  
Signature of a member or authorized representative of a member

Robin Patrowicz  
Printed or typed name of signer

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.

Robin Patrowicz  
Signature of Registered Agent

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

FILED  
14 DEC 23 PM 2:16

SECRETARY OF STATE  
DIVISION OF CORPORATIONS