

L14000079030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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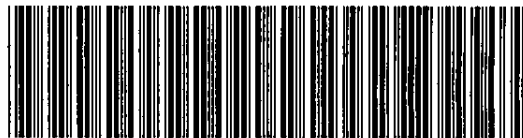
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 MAY - 5 PM 12:39

205/6



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2015

MARLON OLANDUS HUBBARD
THE VINE GALLERY, LLC
2069 N. MARKET STREET
JACKSONVILLE, FL 32206 US

SUBJECT: THE VINE GALLERY, LLC
Ref. Number: L14000079030

We have received your document for THE VINE GALLERY, 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).

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.

Tina D Carter
Regulatory Specialist

Letter Number: 715A00005074

RECEIVED
15 MAY -5 PM 2:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Vine Gallery, 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:

Marlon Hubbard

Name of Person

The Vine Gallery, LLC

Firm/Company

2069 N. Market St.

Address

Jacksonville FL 32206

City/State and Zip Code

marlonhubbard@yahoo.com

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

For further information concerning this matter, please call:

Marlon Hubbard

Name of Person

at (404) 396-1763

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: The Vine Gallery, LLC.

2. (a) 2069 N. Market St., Jacksonville FL 32206 (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 05/15/2014
Date of filing/registration in Florida

4. L24000079030
Document number

5. (a) Barley, David P. SR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5150 Belfort RD., BLDG 400
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32256

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

Marlon O. Hubbard
NEW Registered Office Address:

2069 N. Market St.

Jacksonville, FL 32206

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.

Marlon Hubbard
Signature of a member or authorized representative of a member

Marlon Hubbard
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.

Marlon Hubbard
Signature of Registered Agent

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