L14000	107695
(Requestor's Name) (Address) (Address)	000283651950
(City/State/Zip/Phone #)	03/28/1601032020 **85.00
(Document Number)	· · ·
Special Instructions to Filing Officer:	16 APR -8 AHII: 24 SECRETARY OF STATE WILLAHASSTE FLORIDA
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2016

SUSAN HORNE 237 WEST SHORE DR SUMMERLAND KEY, FL 33042

SUBJECT: GRAVAGE HOLDINGS, LLC Ref. Number: L14000107695

We have received your document for GRAVAGE HOLDINGS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Susan Horne is not listed as the registered agent.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

Letter Number: 516A00006353

# **COVER LETTER**

### TO: Registration Section Division of Corporations

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The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:



Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### **MAILING ADDRESS:**

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

#### **STREET ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

### 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. Na	ame of the limited liability company:GRAVAGE IN		
2. (a)	237 WEST SHORE DRIVE	(b)	E
()	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	_ (-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUMMERLAND KEY, FL 33042	<u> </u>	
	12/19/2014	L14000	0195837
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	HAROLDE WOLFE DIRASA	move	
J. (a)	Registered Agent and Registered Office shown on the records of the		State:
	2300 PALM BEACH LAKES BLVD., SUITE 3	302	16 17
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	APR APR
	WEST PALM BEACH	33409	
(b)	SUSAN HORNE		وسعود المستعد المراجع المستعد المراجع المستعد المراجع المستعد المراجع المستعد المراجع المستعد المستعد المستعد ا
	Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered</b>	Office address:	
	237 WEST SHORE DRIVE		
	NEW Registered Office Address:		
	SUMMERLAND KEY, FL	33042	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of iccles of organization or the operating agreement of the l	the registered off bility company, i f the limited liabi limited liability c	ffice and the business office of the register it is hereby confirmed that the change(s) pility company or as otherwise provided is company.
	Juson Horre	Susa	n m Horre
-	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided refy reflect a change in the registered office address, I h	ee to act in this ca performance of n I for in Chapter to pereby confirm th	capacity. I further agree to comply with my duties, and I am familiar with and ac 605, F.S. Or, if this document is being fu hat the limited liability company has bee

notified in writing of this change. Don m l Signature of Registered Agent

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