

L-14000148991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 15 PM 12:00

DEC 29 2014

T. CARTER

LLC RA/RD change

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CREEKSIDE APPRAISALS  
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:

KEVIN W. BROWN

Name of Person

CREEKSIDE APPRAISALS

Firm/Company

24801 NW CR 1491

Address

ALACHUA, FL 32615

City/State and Zip Code

KBROWN@CREEKSIDEAPPRAISALSLLC.COM

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

For further information concerning this matter, please call:

KEVIN BROWN

Name of Person

at ( 352 ) 339-5646

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2014

KEVIN W. BROWN  
CREEKSIDE APPRAISALS LLC  
24801 NW CR 1491  
ALACHUA, FL 32615 US

SUBJECT: CREEKSIDE APPRAISALS, LLC  
Ref. Number: L14000148991

We have received your document for CREEKSIDE APPRAISALS, LLC and your check(s) totaling \$. 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: 714A00024475

RECEIVED  
14 DEC 15 PM 2:24  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**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: CREEKSIDE APPRAISALS

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

24801 NW CR 1491

ALACHUA, FL 32615

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

24801 NW CR 1491

ALACHUA, FL 32615

9/23/2014

L14000148991

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

13302 WINNING OAKS COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE A

TAMPA

FL 33612

(b)

KEVIN W. BROWN

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

24801 NW CR 1491

NEW Registered Office Address:

ALACHUA

FL 32615

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 15 PM 12:00

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.

Kevin

Signature of a member or authorized representative of a member

KEVIN W. BROWN

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.

Kevin

Signature of Registered Agent