

L14000152511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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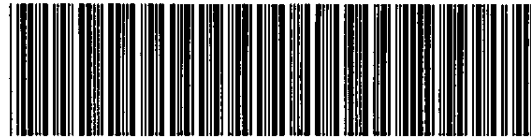
(Business Entity Name)

(Document Number)

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OCT 17 2014
T. CARTER

LLC RA/RD change

COVER LETTER

TO: Registration Section
Division of Corporations

WO & W GRAHAM, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elijah Graham

Name of Person

WO & W GRAHAM, LLC

Firm/Company

540 Marbella Circle

Address

North Palm Beach, FL 33403

City/State and Zip Code

egjah@sbcglobal.net

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

For further information concerning this matter, please call:

Elijah Graham

915

637-5011

at ()

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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (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.

WO & W GRAHAM, LLC

1. Name of the limited liability company: WO & W GRAHAM, LLC

2. (a) 540 Marbella Circle, 33403 (b) 540 Marbella Circle, 33403

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

540 Marbella Circle

North Palm Beach, FL 33403

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

540 Marbella Circle

North Palm Beach, FL 33403

September 30 2014

L1400015251\

3. Date of filing/registration in Florida 4. Document number

Kimberly BO-Bo Brown ESQ

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

1540 SR 7, 33319

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1540 SR 7

FT Lauderdale, 33319
, FL

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

Calvin Graham

NEW Registered Office Address:

1801 N.W. 54th Terrace,

Lauderhill, 33313
, FL

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.

Calvin Graham

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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