

114 000193521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

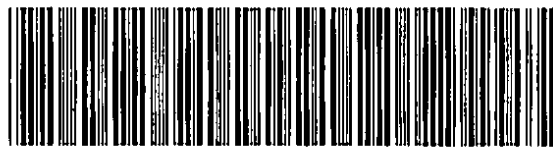
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2022 JAN -3 PM 1:35
CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

JAN 05 2022

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JAN -3 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FL

November 24, 2021

AAA BUNDY'S BAIL BONDS LLC
4549 CHARLOTTE TR
UNIT A
PORT CHARLOTTE, FL 33980

SUBJECT: AAA BUNDY'S BAIL BONDS LLC
Ref. Number: L14000193521

We have received your document for AAA BUNDY'S BAIL BONDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is too light for iamging.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00028553

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAA BUNDY'S BAIL BONDS 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:

Samantha Corwin

Name of Person

Firm/Company

4549 Tamiami Trail, Unit A

Address

Port Charlotte, FL 33980

City/State and Zip Code

aaabundysbailbonds@yahoo.com

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

For further information concerning this matter, please call:

Samantha Corwin

941

286-7008

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: AAA Bundy's Bail Bonds LLC

2. (a) Samantha Corwin (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**)

4549 Tamiami Trail, Unit A

Port Charlotte, FL 33980

12/19/2014

L14000193521

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

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4549 Tamiami Trail, Unit A

Port Charlotte, FL 33980

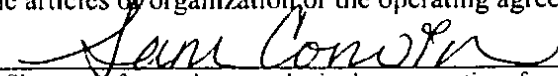
(b) Samantha Corwin
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

4549 Tamiami Trail, Unit A


Port Charlotte, FL 33980

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.


Signature of a member or authorized representative of a member

Samantha Corwin
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