

214 000 194618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

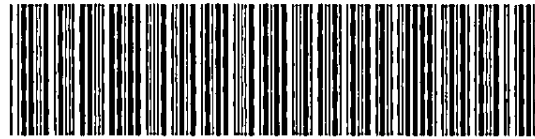
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900329393589

05/20/19--01011--004 ♦♦25.00

2019 JUN 13 P 12:56

FILED

FILED

17 2019

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarey McDoanld Enterprises 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:

John P. McDonald
Name of Person

Clarey McDonald Enterprises LLC
Firm/Company

218 N Woodlynn Ave
Address

Tampa, Florida 33609
City/State and Zip Code

jpmgrp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MCDONALD at (813) 597-9492
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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2019

JOHN MCDONALD
218 N WOODLYNNE AVE
TAMPA, FL 33609

SUBJECT: CLAREY MCDONALD ENTERPRISES LLC
Ref. Number: L14000194618

We have received your document for CLAREY MCDONALD ENTERPRISES LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00011156

Choose LLC Amendment
Sunbiz.com
forms + fees LLC Amendment

**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: CLAREY MCDONALD ENTERPRISES LLC
2. (a) 218 N. WOODLYNNE AVE TAMPA, FL. 33609 (b) 218 N WOODLYNNE AVE TAMPA, FL. 33609
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. DEC. 23, 2014 4. L14000194618
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

214 N WOODLYNNE AVE

TAMPA, FL 33609

- (b) JOHN P. MCDONALD

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

NEW Registered Office Address:

218 N WOODLYNNE AVE

TAMPA, FL 33609

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]
Signature of a member or authorized representative of a member

JOHN P. MCDONALD

6/12/19
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]
Signature of Registered Agent