

L1500000 8735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

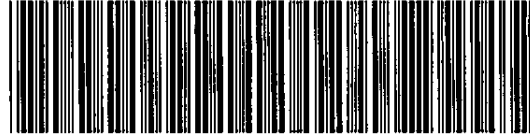
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG 20 PM 2:46

AUG 21 2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2015

SARA SHEARER / SHEARER ENTERPRISES, LLC  
3665 E BAY DR #204-212  
LARGO, FL 33771 US

SUBJECT: SHEARER ENTERPRISES, LLC  
Ref. Number: L15000008735

We have received your document for SHEARER ENTERPRISES, LLC and your check(s) totaling \$35.00. 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).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00006797

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shearer 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:

Sara Shearer

Name of Person

Shearer Enterprises, LLC

Firm/Company

3665 E. BAY DR. # 204-212

Address

LARGO, FL 33771

City/State and Zip Code

shearer.enterprise@gmail.com

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

For further information concerning this matter, please call:

Sara Shearer

Name of Person

at ( 727 ) 798-1075

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

**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: Shearer Enterprises, LLC

2. (a) 12345 Pasadena Ave (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**)

St. Petersburg, FL 33707 \_\_\_\_\_  
\_\_\_\_\_

3. 1/15/15 4. L15000008735  
Date of filing/registration in Florida Document number

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

3665 E. BAY DR.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
# 204-212

LARGO, FL 33771

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

3665 E. BAY DR.  
NEW Registered Office Address:  
# 204-212

LARGO, FL 33771

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.

Jeff Shearer Jeff Shearer  
Signature of a member or authorized representative of a member Printed or typed name of signer

*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.*

Sara Shearer  
Signature of Registered Agent

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