

L150000 17495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

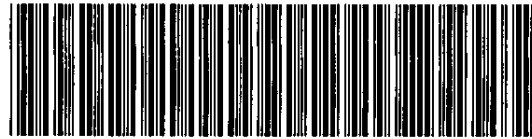
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900269615419

02/20/15--01028--001 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -9 PM 2:55

MAR 12 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS AND CASSE, 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:

ANGELA RAMSEY

Name of Person

Firm/Company

PO BOX 2676

Address

OCALA, FL 34478

City/State and Zip Code

ANGIE@SEQUELBLOODSTOCK.NET

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

For further information concerning this matter, please call:

ANGELA RAMSEY at (352) 620-9006
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

February 25, 2015

ANGELA RAMSEY
PO BOX 2676
OCALA, FL 34478 US

SUBJECT: THOMAS AND CASSE, LLC
Ref. Number: L15000017495

We have received your document for THOMAS AND CASSE, 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):

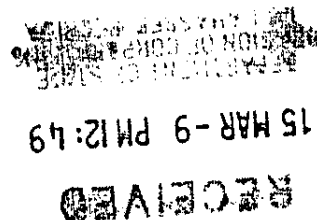
A post office box is not an acceptable address for the registered agent.

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: 115A00003943



www.sunbiz.org

**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: THOMAS AND CASSE, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

131 SE 33RD AVE

OCALA, FL 34471

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO BOX 2676

OCALA, FL 34478

JANUARY 29, 2015

L15000017495

3. Date of filing/registration in Florida

4. Document number

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

BECKY B THOMAS

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1600 SOUTHWEST 63RD STREET ROAD

OCALA, FL 34476

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

NEW Registered Office Address:

~~PO BOX 2676~~ 131 SE 33rd Ave

OCALA, FL ~~34478~~ 34471

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.

BECKY B THOMAS

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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR -9 PM 2:55