

L15000044408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

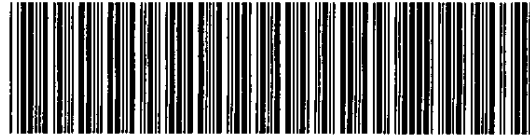
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form
Corp RA change

Office Use Only



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L15-44408

change of RA/RO

09/02/15--01005--026 **35.00

FILED
15 SEP 28 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRS UNLIMITED, 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:

Stephanie Sterk
Name of Person

Enchanted (legal name: SRS UNLIMITED, LLC)
Firm/Company

605 Market St. Suite 140
Address

Celebration, FL 34747
City/State and Zip Code

enchantedboutique605@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
15 SEP 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call: .

Stephanie Sterk at (321) 939-1111
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

September 9, 2015

STEPHANIE STERK
SRS UNLIMITED, LLC
605 MARKET STREET, SUITE 140
CELEBRATION, FL 34747

SUBJECT: SRS UNLIMITED, LLC
Ref. Number: L15000044408

We have received your document for SRS UNLIMITED, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 415A00018971

**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: SRS UNLIMITED, LLC

2. (a) _____ (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)

605 Market St. Suite 140 ← SAME as
Celebration, FL 34747 principal

3. 3/11/15 4. L15000044408
Date of filing/registration in Florida Document number

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

The Company Corporation
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301

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

Stephanie Sterk
NEW Registered Office Address:
605 Market St. Suite 140
Celebration, FL 34747

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.

Stephanie Sterk
Signature of a member or authorized representative of a member

Stephanie Sterk
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.

Stephanie Sterk
Signature of Registered Agent

FILED
15 SEP 28 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA