L150000 64748

(Requestor's Name)				
(Address)				
(Address)				
(0	City/State/Zip/Phone #)	<u>.</u>		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		- - - -		

Office Use Only



800273309868

06/08/15--01021--009 **35.00

SECRETARY OF STATE FLORIDA

FILED

15 JUN 23 AM IO: 00

ALPALASSEE, FLORIDA

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
GO GREEN ASSISTE SUBJECT:	D LIVING, LLC	
N	ame of Limited Liability	Company
DOCUMENT NUMBER: L150000	64748	
The enclosed Resignation of Register for filing.	ed Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence cond	cerning this matter to th	e following:
Tammy King-Charles		
Name of Person	*************************************	
Go Green Assisted Living, LLC		
Name of Firm/Comp	pany	
105 NE 18th Terrace		
Address		
Gainesville, Fl 32641		
City/State and Zip C	Code	
GoGreenALF@gmail.com		
E-mail address: (to be used for future a	nnual report notification)	
For further information concerning th	is matter, please call:	
Tammy King-Charles	904 at (472-0524
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2015

TAMMY KING-CHARLES 105 NE 18TH TERRACE GAINESVILLE, FL 32641

SUBJECT: GO GREEN ASSISTED LIVING, LLC

Ref. Number: L15000064748

We have received your document for GO GREEN ASSISTED LIVING, 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 LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00012416

5 JUN 23 AM 10:

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.

. Na	me of the limited liability company:	ASSIST	ED LIVING,	LLC
)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 105 NE 18th Terrace		Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX
	Gainesville Fl 32641	_	Gainesville	
	4/13/2015		L15000064	748
3.	Date of filing/registration in Florida	4.	D	ocument number
. (a)	Registered Agent and Registered Office shown on the records of Jimmie Hackley	the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 105 NE 18th Terrace	ADDRESS	1	
	Gainesville , FI	32641		FIL JUN 23
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Tammy King-Charles	l Office add	lress:	LED 3 AM 10: 00 REGENTIONION
	NEW Registered Office Address: 105 NE 18th Terrace			υα Τα
	Gainesville , FI	32641		
he cha gent v vas/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- te authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the f the registability co	tered office and mpany, it is hold ited liability of the contraction o	nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
Signat	ture of a member or authorized representative of a member		Pı	rinted or typed name of signee
rovisi he obl o mere otified	by accept the appointment as registered agent and agent on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act performed of for in C hereby co	in this capaci ince of my dui Chapter 605, F infirm that the	ty. I further agree to comply with the lies, and I am familiar with and accep S. Or, if this document is being filed I limited liability company has been

DITELLO CALLA