

L15000082431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

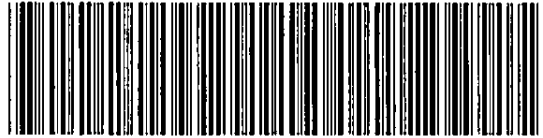
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400427896324

04/17/24--01004--015 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH FLORIDA GROUP 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:

LUCIO N. GONNAN

Name of Person

NORTH FLORIDA GROUP LLC

Firm/Company

112 NW 11th way

Address

GAINESVILLE, FL 32607-1118

City/State and Zip Code

LUCIO GONNAN @ ICLOUD.COM

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

For further information concerning this matter, please call:

LUCIO N. GONNAN

Name of Person

at (352) 213 6840

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: NORTH FLORIDA GROUP 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**)

112 NW 117th WAY
GAINESVILLE FL 32607

05/12/2015

L15000082431

3. _____ 4. _____
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3107 STIRLING ROAD SUITE 104
FORT LAUDERDALE, FL 33312

(b) LUCIO N. GONNOR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

112 NW 117th WAY
NEW Registered Office Address:
GAINESVILLE, FL 32607

_____, FL _____

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

LUCIO N. GONNOR
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.

LUCIO N. GONNOR
Signature of Registered Agent

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