

L15000 086 952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

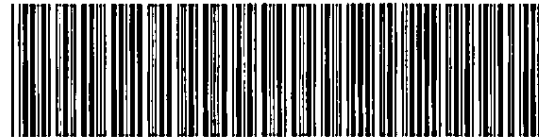
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Don's Details, 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:

Alicia A. Fretz

Name of Person

Don's Details, LLC

Firm/Company

4771 Wingate Rd.

Address

Myakka City, FL 34251

City/State and Zip Code

DONSDetailSTRIM@GMAIL.COM

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

For further information concerning this matter, please call:

Alicia A. Fretz

at (727)

871-1648

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

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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: Don's Details, LLC
2. (a) 4771 Wingate Rd.; Myakka City, FL 34251 (b) 4771 Wingate Rd.; Myakka City 34251
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3. May, 2015 4. L15000086952
Date of filing/registration in Florida Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Alicia A. Fretz
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10573 Blossom Lake Drive
Seminole, FL 33772
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
N/A
NEW Registered Office Address:
4771 Wingate Rd.
Myakka City, FL 34251

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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.

Donald T. Fretz
Signature of a member or authorized representative of a member

Donald T. Fretz
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.

Alicia A. Fretz
Signature of Registered Agent