

L15000091791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

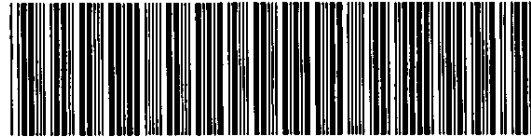
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700304904637

10/27/17--01023--006 **35.00

2017 NOV -9 PM 12:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

NOV 14 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unlimited Woodworking 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:

John K Sprawl
Name of Person

Unlimited Woodworking LLC
Firm/Company

5025 Topoka Ave
Address

St Cloud Fla 34773
City/State and Zip Code

Unlimited Woodworking@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John K Sprawl at (407) 732-1386
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

October 31, 2017

JOHN K SPROWL
6130 SAVAGE ST
ST CLOUD, FL 34774

SUBJECT: UNLIMITED WOODWORKING, LLC
Ref. Number: L15000091791

We have received your document for UNLIMITED WOODWORKING, 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).

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 717A00021953

2017 NOV -9 PM 12:14

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2017 NOV -9 PM 12:33
FILED
TALLAHASSEE, FLORIDA

**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: Unlimited Woodworking LLC

2. (a) John K Sprawl (b) 6130 Savage

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

6130 Savage St
St Cloud Fla 34771

3. 05/2015 5/25/15
Date of filing/registration in Florida

4. L15000091791
Document number

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

6130 Savage St St Cloud Fla 34771
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

5025 Topeka Ave
NEW Registered Office Address:

St Cloud Fla 34773

_____, FL _____

2017 NOV - 9 PM 12:33
TALLAHASSEE, FLORIDA

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

John K Sprawl
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]
Signature of Registered Agent