

L15000112051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 30 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Free Will 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:

Freeman Williams III

Name of Person

Free Will LLC

Firm/Company

4541 Eagle Ranch Drive

Address

Zephyrhills, FL 33542

City/State and Zip Code

free_will3@outlook.com and cottom.ashley@yahoo.com

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

For further information concerning this matter, please call:

Freeman Williams III

at (813)

428-0395

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 11, 2015

FREEMAN WILLIAMS III
4541 EAGLE RANCH DRIVE
ZEPHYRHILLS, FL 33542

SUBJECT: FREE WILL LLC
Ref. Number: L15000112051

We have received your document for FREE WILL LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(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: 515A00019225

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15 SEP 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Free Will LLC
2. (a) 4541 Eagle Ranch Drive, Zephyrhills, fl 33542
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 4541 Eagle Ranch Drive, Zephyrhills, fl 33
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. June 29, 2015
Date of filing/registration in Florida
4. L15000112051
Document number

5. (a) Freeman Williams III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1205 Kennewick Ct. Wesley Chapel, Fl 33543
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1205 Kennewick Ct. Wesley Chapel, Fl 33543

- (b) Freeman Williams III
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4541 Eagle Ranch Drive, Zephyrhills, Fl 33542

NEW Registered Office Address:

4541 Eagle Ranch Drive, Zephyrhills, Fl 33542

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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.

Freeman Williams III
Signature of a member or authorized representative of a member

Freeman Williams III
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.

Freeman Williams III
Signature of Registered Agent

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