

L15 000113746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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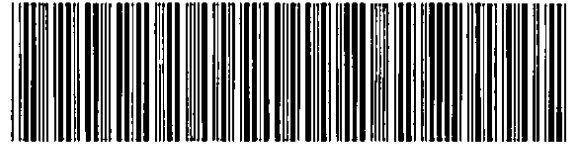
(Business Entity Name)

(Document Number)

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2019 AUG 14 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See below for info

AUG 21 2019
C. M. B. B. B.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Desert Sky LLC
Name of Limited Liability Company

2009 AUG 14 PM 12:20
STATE PARKS & RECREATION
TALLAHASSEE, FLORIDA

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:

Kathleen M. Fraser
Name of Person

Desert Sky LLC
Firm/Company

8645 NW 4th Dr
Address

Conal Springs Fl 33067
City/State and Zip Code

douglas.fraser@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Fraser at (954) 415-5148
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

**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: Desert Sky LLC

2. (a) 8645 NW 47th Dr (b) 8645 NW 47th Dr

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Conal Springs Fl
33067

Conal Springs Fl
33067

3. 07/01/2015
Date of filing/registration in Florida

4. L15000113746
Document number

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

13302 WINDING OAK COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

(b) Kathleen M Fraser
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8645 NW 47th Dr
NEW Registered Office Address:

Con
Conal Springs, FL 33067

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.

Douglas Fraser
Signature of a member or authorized representative of a member

Douglas Fraser
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.

Kathleen M Fraser
Signature of Registered Agent

Kathleen M Fraser