

L15000129219

(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



300303834153

09/28/17--01022--019 **25.00

FILED
17 OCT 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2017

RICHARD PERRONE
6110 CLARK CENTER AVENUE
SARASOTA, FL 34238

SUBJECT: SARASOTA ARCHITECTURAL WOODWORKING, LLC
Ref. Number: L15000125219

We have received your document for SARASOTA ARCHITECTURAL WOODWORKING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00019755

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Architectural 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:

Richard Perrone

Name of Person

Sarasota Architectural Woodworking, LLC

Firm/Company

6110 Clark Center Avenue

Address

Sarasota, Florida 34238

City/State and Zip Code

pc@perroneconstruction.com

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

For further information concerning this matter, please call:

Richard Perrone

Name of Person

at (941) 924-6900

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: Sarasota Architectural Woodworking, LLC

2. (a) 6110 Clark Center Avenue (b) 6110 Clark Center Avenue
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Sarasota, Florida 34238

Sarasota, Florida 34238

07/24/2015

L15000125219

3. Date of filing/registration in Florida

4. Document number

5. (a) Silberstein, David M

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1515 Ringling Blvd, STE 860

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sarasota, FL 34236

(b) Perrone, Richard A.

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

6110 Clark Center Avenue

NEW Registered Office Address:

Sarasota, FL 34238

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.

RICHARD A. PERRONE
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

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

FILING FEE: \$25.00

FILED
17 OCT 19 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA