

L15000128059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JAN 03 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

PAMELA SONNE
2110 N. CONNELLY STREET, SUITE 102
MOUNT DORA, FL 32757

SUBJECT: EXPERT INVESTMENTS LLC
Ref. Number: L15000128059

We have received your document for EXPERT INVESTMENTS 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 - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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: 116A00023899

COVER LETTER

TO: Registration Section
Division of Corporations

12/29/2016

SUBJECT: EXPERT INVESTMENTS 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:

PAMELA SONNE

Name of Person

EXPERT INVESTMENTS LLC

Firm/Company

2110 N DONNELLY STREET, SUITE 102

Address

MOUNT DORA, FL 32757

City/State and Zip Code

pamela@expertrealestateadvisors.com

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

For further information concerning this matter, please call:

PAMELA SONNE

352 729-9274

at ()

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: EXPERT INVESTMENTS LLC
2. (a) EXPERT INVESTMENTS LLC (b) EXPERT INVESTMENTS LLC
- Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 2110 N DONNELLY STREET, SUITE 102 2110 N DONNELLY STREET, SUITE 102
MOUNT DORA, FL 32757 MOUNT DORA, FL 32757

3. 07/27/2015 4. L15000128059
- Date of filing/registration in Florida Document number

5. (a) EDWARD C WORKINGER, JR.
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

244 BLUE BRANCH STREET
EUSTIS, FL 32236

- (b) EDWARD C WORKINGER, JR.
- Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2110 N DONNELLY STREET, SUITE 102
MOUNT DORA, FL 32757

FILED
JUL 30 P 3:00
SECRETARY OF STATE
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.

Edward C Workinger
Signature of a member or authorized representative of a member

EDWARD C WORKINGER

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.

Edward C Workinger
Signature of Registered Agent