

L15000150089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JAN 19 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESFP 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:

WALTER MILLER

Name of Person

ESFP LLC

Firm/Company

916 SOUTH NOVE RD

Address

ORMOND BEACH FL 32174

City/State and Zip Code

WALTER@VOLUSIAVAN.COM

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

For further information concerning this matter, please call:

WALTER MILLER

at (386)

673-1005

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.

EIN # Note on File Please Use
47-5319014

1. Name of the limited liability company: ESFP LLC
2. (a) 502 BLUE JAY WAY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
DANENPORT
FL 33896
- (b) 916 S NOVA RD
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
ORMOND BEACH
FL 32174

3. 08/14/2015 Date of filing/registration in Florida
4. L15000150089 Document number

5. (a) WALTER R MILLER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

WALTER MILLER
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
502 BLUE JAY WAY
DAVENPORT, FL 33896

- (b) WALTER MILLER & APRIL Miller
Enter name of NEW Registered Agent and/or NEW Registered Office address:

WALTER MILLER & APRIL Miller
NEW Registered Office Address:
916 S NOVA RD
ORMOND BEACH, FL 32174

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TALLAHASSEE, FLORIDA
STATE DEPT. OF REVENUE

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.

Walter Miller
Signature of a member or authorized representative of a member

WALTER MILLER
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.

Walter Miller
Signature of Registered Agent