

L15000155009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

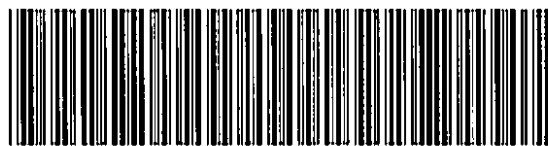
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700319192477

10/05/18--01008--001 **55.00

FILED
2018 DEC 14 A 14:33
D. SCOTT

D. SCOTT
DEC 18 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2018

ERIKA M LYNCH
PO BOX 8125
MADEIRA BEACH, FL 33738

SUBJECT: WHITETAIL, LLC
Ref. Number: L15000155009

We have received your document for WHITETAIL, 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):

You can only submit one change of registered agent application at a time. Please revise.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 518A00021512

FILED

DEC 14 A 4:33

EC 14 PM 12:22

Thank you -

Erika M Lynch

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHITETAIL 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:

ERIKA M. LYNCH
Name of Person

WHITETAIL LLC
Firm/Company

PO Box 8125
Address

MADEIRA BEACH, FL. 33738
City/State and Zip Code

embaher@cof.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIKA M. LYNCH at (727) 433-0337
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

FILED

DEC 14 AM 11:33

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: WHITETAIL, LLC

2. (a) 4 Whitetail Ridge
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Springfield, NH 03284

(b) P.O. Box 8125
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Madeira Beach, FL 33708

3. September 10, 2015
Date of filing/registration in Florida

4. L15000155009
Document number

5. (a) Peter T. Hofstra
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8640 Seminole Blvd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Seminole, FL 33772

RM (b) DeLoach, Hofstra & Cavonis, P.A. Ms. Rebecca M. Auliffe

Enter name of NEW Registered Agent and/or NEW Registered Office address:
8640 Seminole Blvd. 90 JOHN RALPH & ASSOCIATES
NEW Registered Office Address:
6850 CENTRAL AVE.

Seminole ST. PETERSBURG, FL 33707-1211

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 of a member or authorized representative of a member: Michael Lynch
Printed or typed name of signee: Michael Lynch

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 of Registered Agent: Rebecca M. Auliffe

FILED
DEC 14 A 11:38