

L15000174926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

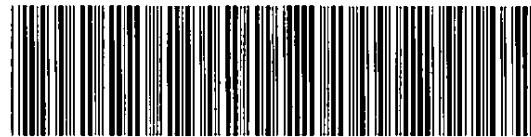
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
2017 JUL 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Office, US Only



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07/11/17--01008--005 **25.00

RECEIVED
2017 JUL 10 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURNER FURNITURE OF DANVILLE, 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:

MARY CASTILLO

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Suite 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

MARY CASTILLO

Name of Person

at (888)

705-7274

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: TURNER FURNITURE OF DANVILLE, LLC

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

317 INDUSTRIAL BLVD.
THOMASVILLE, GA 31792

317 INDUSTRIAL BLVD.
THOMASVILLE, GA 31792

10/14/2015

L15000174926

3. _____ Date of filing/registration in Florida 4. _____ Document number

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

WALLACE, NANCY M

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

106 E. COLLEGE AVE. SUITE 1200
TALLAHASSEE, FL 32301

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Registered Agent Solutions, Inc.

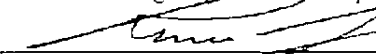
NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

FILED
17 JUL 10 AM 11:49
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.


Signature of a member or authorized representative of a member

Russell Turner President

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.

 Justine Karnell
Signature of Registered Agent Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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1. Name of the limited liability company: TURNER FURNITURE OF DANVILLE, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>317 INDUSTRIAL BLVD.</u> <u>THOMASVILLE, GA 31792</u> <u>10/14/2015</u>	(b) <u>Mailing address of limited liability company.</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>317 INDUSTRIAL BLVD.</u> <u>THOMASVILLE, GA 31792</u> <u>L15000174926</u>
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3. Date of filing/registration in Florida 4. Document number

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WALLACE, NANCY M

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

106 E. COLLEGE AVE. SUITE 1200
TALLAHASSEE, FL 32301

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

Registered Agent Solutions, Inc.

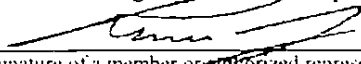
NEW Registered Office Address:

155 Office Plaza Dr., Suite A

Tallahassee, FL 32301

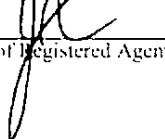
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Signature of a member or authorized representative of a member

Russell Turner President
Printed or typed name of signee

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