

215000190874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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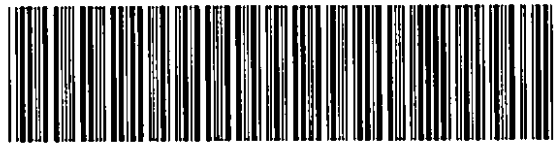
(Business Entity Name)

(Document Number)

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S. PRAHER

TO: Registration Section
Division of Corporations

Manasota Sunset, LLC

SUBJECT: _____
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:

Bradford Fuller

Name of Person

Manasota Sunset, LLC

Firm/Company

492 Misty Oaks Run

Address

Casselberry, FL 32707

City/State and Zip Code

brad@ffandt.com

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

For further information concerning this matter, please call:

Bradford Fuller **407** **491-9787**

_____ 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.

Manasota Sunset, LLC

1. Name of the limited liability company: _____
2. (a) 1300 Wellington Terrace (b) 1300 Wellington Terrace
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Maitland Maitland
Florida 32751 Florida 32751
11/10/15 L15000190874

3. Bradford Fuller 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1300 Wellington Terrace

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Maitland 32751
FL

- (b) Bradford Fuller

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

492 Misty Oaks Run

NEW Registered Office Address:

Casselberry 32707
FL

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.

Bradford Fuller
Signature of a member or authorized representative of a member

Bradford Fuller

Printed or typed name of signer

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.

Bradford Fuller
Signature of Registered Agent

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