

**L16000047794**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

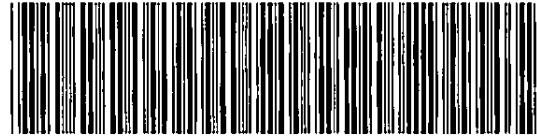
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SEP 14 2007  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORTRESS HOMES LLC (FL)  
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:

JANA GILLAR

Name of Person

FORTRESS HOMES

Firm/Company

52 TUSCAN WAY STE.202 #170

Address

ST AUGUSTINE FL, 32092

City/State and Zip Code

GILLAR779@HOTMAIL.COM

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

For further information concerning this matter, please call:

JANA GILLAR

Name of Person

at ( 904 ) 6168451

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2017 SEP 13 PM 2:36  
TALLAHASSEE, FLORIDA

May 10, 2017

JANA GILLAR  
52 TUSCAN WAY STE 202 #170  
ST AUGUSTINE, FL 32092

SUBJECT: FORTRESS HOMES LLC  
Ref. Number: L16000047794

We have received your document for FORTRESS HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Document number is missing in line 4.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 217A00009308

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2017 SEP 13 PM 1:14  
TALLAHASSEE, FLORIDA

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: FORTRESS HOMES LLC (FL)

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

52 TUSCAN WAY STE. 202#170

ST AUGUSTINE FL 32092

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3/8/2016

3. Date of filing/registration in Florida

4. Document number

L16000047794

5. (a) LEGAL ZOOM REGISTERED AGENT SERVICES

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

United States Corporation Agents, Inc  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAK COURT  
A - TAMPA, FL 33612

(b) JANA GILLAR

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

52 TUSCAN WAY STE. 202#170

NEW Registered Office Address:

ST AUGUSTINE, FL 32092

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2017 SEP 13 PM 1:14  
TALLAHASSEE, FL  
FBI

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]  
Signature of a member or authorized representative of a member

[Printed Name]  
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.

[Signature]  
Signature of Registered Agent

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