

L16000057462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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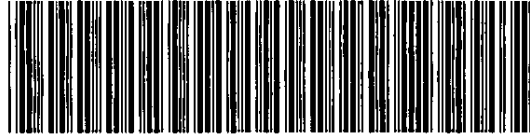
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stuest LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Roger Stour
(Contact Person)

Stuest LLC
(Firm/Company)

1125 Sherrington Road
(Address)

Orlando, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Roger Stour at (407) 592-6580
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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: STUEST LLC
2. (a) 4350 Shorecrest Drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Orlando FL 32804
- (b) 4360 Shorecrest Drive
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Orlando FL 32804
3. MARCH 16, 2016
Date of filing/registration in Florida
4. L16000057462
Document number
5. (a) JARIB STOUT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4350 Shorecrest Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando
FL 32804
- (b) Roger Stout
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1125 Sherrington Road
Orlando FL 32804

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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

JARIB STOUT
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.

Signature of Registered Agent