

L16000096990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

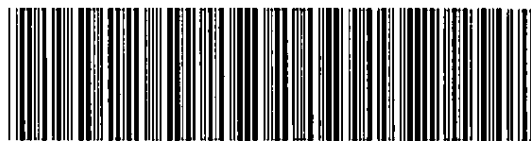
(Business Entity Name)

(Document Number)

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DIVISION OF COURT REPORTING  
17 AUG 21 AM 9:46

M. MILLIGAN  
AUG 23 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2017

JOHN FLODEN  
COMPOUNDING CURRENCY, LLC  
7227 2ND AVE NORTH  
ST PETERSBURG, FL 33710

SUBJECT: COMPOUNDING CURRENCY, L.L.C.  
Ref. Number: L16000096990

We have received your document for COMPOUNDING CURRENCY, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 517A00014989

2017 AUG 21 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compounding Currency L.L.C.  
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:

John Floden  
Name of Person

Firm/Company

7227 2nd Ave N.  
Address

St. Pete, FL 33710  
City/State and Zip Code

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

For further information concerning this matter, please call:

John Floden at ( 727 ) 906-7083  
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.

1. Name of the limited liability company: Compounding Currency L.L.C.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7227 2nd Ave N.  
ST. PETE, FL 33710

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

3. 5-18-2016 Date of filing/registration in Florida 4. L11000096990 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7227 2nd Ave N.  
ST. PETE, FL 33710

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

7227 2nd Ave N. ST, PETE  
NEW Registered Office Address:  
FL, 33710

\_\_\_\_\_, FL \_\_\_\_\_

17 AUG 21 AM 9:46  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

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

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