

L16000105601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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MAR 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2017

SUSAN ANGEMEIER
12800 DOUBLE RUN RD
ASTATULA, FL 34705

SUBJECT: HOOPERMEIER LLC
Ref. Number: L16000105601

We have received your document for HOOPERMEIER LLC 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).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 717A00004292

RECEIVED
2017 MAR 16 AM 11:45
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 123 Hoopermeier LLC
Name of Corporation

DOCUMENT NUMBER: L16000105601

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Angemeier

Name of Contact Person

Hoopermeier LLC

Firm/Company

12800 Double Run Rd.

Address

Astatula, FL 34705

City/State and Zip Code

sangermeier22@gmail.com

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

For further information concerning this matter, please call:

Susan Angermeier

Name of Contact Person

at (407) 666-1231

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Hoopermeier 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**)

12800 Double Run Rd.
Astatula FL 34705

same

6/2/16
Date of filing/registration in Florida

L16000105601
Document number

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

5. (a) Spiegel + Utrera, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1840 SW 22nd St. 4th Floor
Miami, FL 33145

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

12800 Double Run Rd.
NEW Registered Office Address:
Astatula, FL 34705
_____, 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.

[Signature]
Signature of a member or authorized representative of a member

Susan B. Angermeier
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]
Signature of Registered Agent