

L16 000123441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

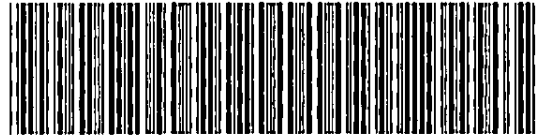
(Business Entity Name)

(Document Number)

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HALFINGTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: No Mo Mosquito, LLC

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:

Joseph Bogdan

Name of Person

No Mo Mosquito, LLC

Firm/Company

5 Apollo Beach Blvd. Unit #246

Address

Apollo Beach, FL 33572

City/State and Zip Code

bugnobite@gmail.com

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

For further information concerning this matter, please call:

Joseph Bogdan

813

502-0505

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: No Mo Mosquito, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
109 S. Bayview Blvd. Suite B
Oldsmar, FL 34677

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
235 Apollo Beach Blvd. Unit #246
Apollo Beach, FL 33572

June 27, 2016 L16000123441
Date of filing/registration in Florida 4. Document number

(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Joseph Bogdan
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
960 Symphony Isles. Blvd.
Apollo Beach, FL 33572

b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Joseph Bogdan
NEW Registered Office Address:
109 S. Bayview Blvd. Suite B
Oldsmar, FL 34677

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
ge or changes are made, the Florida street address of the registered office and the business office of the registered
will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
icles of organization or the operating agreement of the limited liability company.

Joseph Bogdan
Signature of a member or authorized representative of a member

Joseph Bogdan
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
ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.*

Joseph Bogdan
Signature of Registered Agent