

L16000 131007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

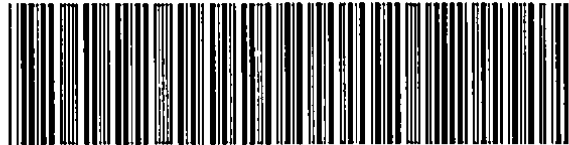
(Business Entity Name)

(Document Number)

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20 MAY -6 PM 3:07

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MAY 26 2020  
C McNAIR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L-B RANCH, LLC  
Name of Limited Liability Company

20 MAY -5 PM 3:07

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:

CHRISTOPHER W. JONES  
Name of Person

Firm/Company

6213 JUEL GILL ROAD  
Address

MYAKKA CITY, FLORIDA 34251  
City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTOPHER W. JONES at (941) 345-2668  
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: L-B RANCH, LLC

2. (a) 6213 JUEL GILL ROAD (b) 6213 JUEL GILL ROAD

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

MYAKKA CITY, FL 34251

MYAKKA CITY, FL 34251

4/23/2020

L16000131007

3. Date of filing/registration in Florida

4. Document number

5. (a) KOONTZ, JO ANN M

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1613 FRUITVILLE ROAD

SARASOTA

FL 34236

• (b) CHRISTOPHER W. JONES

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

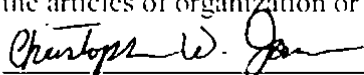
**NEW** Registered Office Address:

6213 JUEL GILL ROAD

MYAKKA CITY

FL 34251

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.

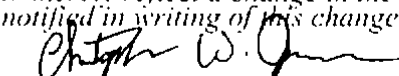


CHRISTOPHER W. JONES

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

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