

L16000139613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2017 NOV 27 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
NOV 28 2017

November 22, 2017

Dear Ms. Saly,

In response to your letter, I have contacted the Division of Corporations and explained the address situation here on North Captiva. Here on North Captiva where we do not receive mail delivery. It is held for us at our respective PO Box the Pine Island Post Office. The representative informed me to add the physical address to the PO Box address.

I have updated the information on the attached statement to reflect the following:

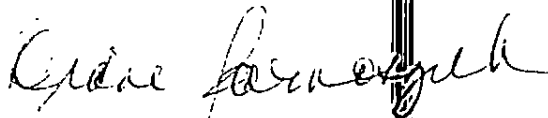
Gary Walker/ Islander Realty

4241 Point House Trail

PO BOX 334

Pineland, Florida 33945

Please let me know if there is anything further I need to do.

A handwritten signature in cursive script, appearing to read "Diane Jarmoszuk".

Diane Jarmoszuk

591 Rum Rd PO Box 641 Pineland, FL 33945

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 530 North 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:

Gary Walker  
Name of Person

Islander Realty  
Firm/Company

PO Box 334  
Address

Pine land, Fl. 33945  
City/State and Zip Code

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

For further information concerning this matter, please call:

Diane Jarmoszuk at ( 440 ) 847-7639  
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: 530 North LLC
2. (a) 530 Gulf Lane (b) P.O. Box 641  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
N. Captiva, FL 33924 Pineland, FL 33945
3. 7-25-2016 4. L16000139613  
Date of filing/registration in Florida Document number
5. (a) Diane Jarmoszuk  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
591 Rum Rd Captiva, FL 33924  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Pineland, FL 33945
- (b) Gary Walker / Islander Realty  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4241 POINT HOUSE TRAIL N. Captiva, FL 33945  
P.O. Box 334  
Pineland, FL 33945

FILED  
2017 NOV 27 PM 12:59  
SECRETARY OF STATE  
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.

Diane Jarmoszuk  
Signature of a member or authorized representative of a member

Diane Jarmoszuk  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2017

ISLANDER REALTY  
GARY WALKER  
P.O. BOX 334  
PINELAND, FL 33945

SUBJECT: 530 NORTH LLC  
Ref. Number: L16000139613

We have received your document for 530 NORTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 117A00018196

2017 NOV 27 PM 12:32

MAIL ROOM