

L16000184561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

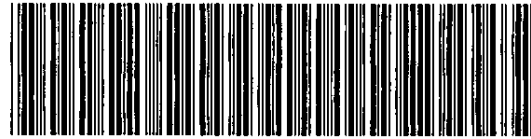
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400305116594

10/31/17--01005--016 **25.00

FILED
18 FEB 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 28 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2017

CINDY GILMORE
814 W DR. MARTIN LUTHER KING JR BLVD
PLANT CITY, FL 33563 US

SUBJECT: ROBBINS JEWELRY AND PAWN, LLC
Ref. Number: L16000184561

We have received your document for ROBBINS JEWELRY AND PAWN, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 217A00022228

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROBBINS JEWELRY AND PAWN, 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:

CINDY GILMORE

Name of Person

ROBBINS JEWELRY AND PAWN, LLC

Firm/Company

814 W DR. MARTIN LUTHER KING JR BLVD

Address

PLANT CITY, FL 33563

City/State and Zip Code

ELMAR01@AOL.COM

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

For further information concerning this matter, please call:

CINDY GILMORE at (813) 754-0858
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: ROBBINS JEWELRY AND PAWN, LLC

2. (a) 814 DR MARTIN LUTHER KING JR BLVD (b) 814 DR MARTIN LUTHER KING BLVD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
PLANT CITY FL 33563 PLANT CITY FL 33563

3. 10/04/16 4. L16000184561
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) CINDY GILMORE
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
814 W DR MARTIN LUTHER KING BLVD
PLANT CITY, FL 33563

FILED
18 FEB 28 PM 3:41
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.

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

ELMER A ROBBINS

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

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