

L16000 226901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

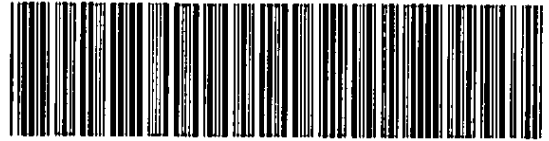
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

MIG - 11 2021
C. Kins



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG -4 AM 8:09

July 26, 2021

MARK CRAVENS
1647 LAKE HERON DR
LUTZ, FL 33549

SUBJECT: MARK E. CRAVENS LLC
Ref. Number: L16000226901

We have received your document for MARK E. CRAVENS 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).

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00017333

Since you have my \$35⁰⁰ check, I didn't attach another \$25⁰⁰.
Also, Sunbiz shows my principal address with a typo for the city.
It should be Lutz, not Ltz.

Thank you.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mark E. Cravens 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:

Mark Cravens

Name of Person

Mark E. Cravens LLC

Firm/Company

1647 Lake Heron Drive

Address

Lutz, FL 33549

City/State and Zip Code

Mark@SellaTampaBayHome.com

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

For further information concerning this matter, please call:

Mark Cravens

813

948-2067

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

*per invoice 935
Chuck Almaday*

☐ \$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: Mark E. Cravens LLC

2. (a) Mark E. Cravens LLC (b) Mark E. Cravens LLC

Principal office address of limited liability company:
(**Note: MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(**Note: MAY BE POST OFFICE BOX**)

1647 Lake Heron Drive

1647 Lake Heron Drive

Lutz, FL 33549

Lutz, FL 33549

12/15/2016

L16000226901

3. Mark E Cravens Date of filing/registration in Florida

4. L16000226901 Document number

5. (a) Mark E Cravens
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

9323 Mangrove Court

Tampa, FL 33647

(b) Mark E. Cravens

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

NEW Registered Office Address:

1647 Lake Heron Drive

Lutz, FL 33549

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

Mark E. Cravens

Printed or typed name of signer

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

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TALLAHASSEE, FL