

L17000068446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

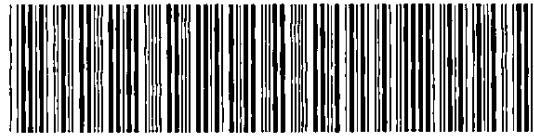
(Business Entity Name)

(Document Number)

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FILED  
17 JUL 10 PM 6:22  
JUL 10 2017

S. WARREN

JUL 12 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 23, 2017

RICHARD FARCI  
8089 81ST STREET  
SEMINOLE, FL 33777

SUBJECT: IN TRUST PROPERTIES LLC  
Ref. Number: L17000068446

We have received your document for IN TRUST PROPERTIES 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 document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 517A00012751

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IN TRUST PROPERTIES 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:

RICHARD FARCI  
Name of Person

IN TRUST PROPERTIES LLC  
Firm/Company

8089 81<sup>ST</sup> STREET  
Address

SEMINOLE, FLORIDA, 33777  
City/State and Zip Code

RICHIERICH\_2000@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD FARCI at (727) 365-0097  
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: IN TRUST PROPERTIES LLC

2. (a) 8089 81<sup>st</sup> STREET, SEMINOLE, FLORIDA 33777 (b) \_\_\_\_\_

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

SEMINOLE, FLORIDA, 33777

3. 03/27/2017 Date of filing/registration in Florida 4. L17000068446 Document number

5. (a) RICHARD FARCI  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9525 BLIND PASS ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. PETE BEACH, FL 33706

(b) RICHARD FARCI  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8089 81<sup>st</sup> STREET  
**NEW Registered Office Address:**

SEMINOLE, FL 33777

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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

GERMANO FARCI  
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