

L17000080003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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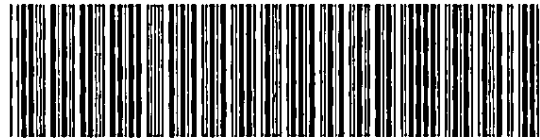
(Business Entity Name)

(Document Number)

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APR 21 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILLICENT 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:

David C. Caddell
Name of Person

MILLICENT PROPERTIES, LLC
Firm/Company

9481 Highland Oak Dr #1902
Address

Yampa, FL 33647
City/State and Zip Code

mr.david.caddell@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Caddell at (708) 528-7735
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 20 AM 11:32

April 8, 2020

DAVID C. CADDELL
9481 HIGHLAND OAK DR
UNIT 902
TAMPA, FL 33647

SUBJECT: MILLICENT PROPERTIES, LLC
Ref. Number: L17000080003

We have received your document for MILLICENT PROPERTIES, 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 current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a PROFIT 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 520A00007569

**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: MILLENCE PROPERTIES, LLC
2. (a) 9481 Highland Oak Dr 902 (b) 9481 Highland Oak Dr. 902
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tampa, FL. 33647 Tampa, FL. 33647

3. 04-10-2017 Date of filing/registration in Florida 4. 217000080003 Document number

5. (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD. STE. 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORlando, FL 32822

- (b) David C. Caddell
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9481 Highland Oak Dr. Ste. 902
NEW Registered Office Address:

Tampa, FL 33647

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.

Millcent Caddell
Signature of a member or authorized representative of a member

Millcent Caddell
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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CALLAHAN COUNTY, FLORIDA