

L17000090291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

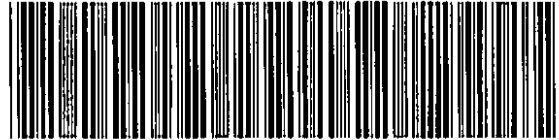
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300313779603

05/29/18--01039--003 **25.00

FILED
MAY 29 AM 6:12
FALL RIVER, MA

MAY 30 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 299 SAW MILL ASSOCIATES, 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:

LAURA SUPLISKI

Name of Person

299 SAW MILL ASSOCIATES

Firm/Company

2637 E ATLANTIC BLVD

Address

POMPANO BEACH , FL 33062

City/State and Zip Code

MERCANDO.FL@GMAIL.COM

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

For further information concerning this matter, please call:

LAURA SUPLISKI

561-600-9400

at (_____) _____

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: 299 SAW MILL ASSOCIATES, LLC

2. (a) 2637 E ATLANTIC BLVD (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)

POMPANO BEACH, FL 33062

4/24/17

L17000090291

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGALINC CORPORATE SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400

FORT MEYERS, FL 33907

(b) MERCANDO CONSULTING GROUP, LLC

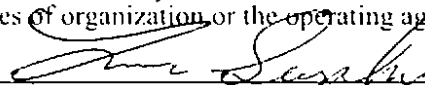
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2637 E ATLANTIC BLVD

NEW Registered Office Address:

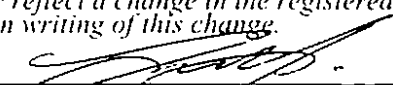
POMPANO BEACH, FL 33062

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 of a member or authorized representative of a member

LAURA SUPLESKI
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 of Registered Agent

FILED
2018 MAY 29 AM 6:12
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT