

L17000 164 109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

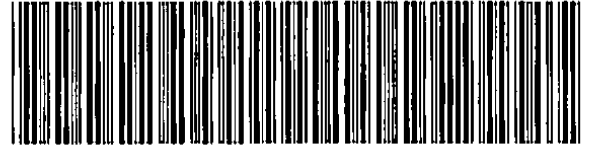
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DUE TO RETURNED CHECK

07/29/19--01010--012 **25.00

FILED
2019 JUL 29 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FL

AUG - 1 2019
C Kinsey

REGISTRATION SECTION
DIVISION OF CORPORATIONS

SHAWN LIVINGSTONES FINISHING, LLC
SUBJECT:

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:

Shawn Livingstone

Name of Person

**FILING CANCELLED
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SHAWN LIVINGSTONES FINISHING, LLC

Firm/Company

15172 Tangerine Blvd

Address

Loxahatchee, FL 33470

City/State and Zip Code

lynquires@outlook.com

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

For further information concerning this matter, please call:

Shawn Livingstone

Name of Person

at (561)

232-3649

Area Code & Daytime Telephone Number

CG-7002/CG-7003 / 06-0106
Registration Section
Division of Corporations
Clifox Building
2501 Executive Center Circle
Tallahassee, Florida 32301

MAILED 07 / 09 / 06
Registration Section
Division of Corporations
P.O. Box 6127
Tallahassee, Florida 32314

enclosed is a check for the following amount:

✓ \$25 Filing Fee

\$25 Filing Fee & Certified Copy

Pursuant to the provisions of sections 605.0114 or 605.0115, 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.

SHAW-LEWIS GROUP FINANCING, LLC

1. Name of the limited liability company:

(b) 15172 Fargentine Blvd.

2. (a)

Principal office address of limited liability company:
(1644: RUC FOR STREET ADDRESS)

Mailing address of limited liability company:
(Note: NOT THE POST OFFICE BOX)

Leishachee, FL

32470

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08/01/2017

L' 7033- 94109

3. Date of filing/registration in Florida

4. Document number

5. (a) ELLANE, MARIA

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

5240 MANGO BLVD ROYAL PALM BEACH, FL 33411

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5240 MANGO FLV13

ROYAL PALM BEACH

33411

(b) Lyn Squires

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

15172 Tangerine Blvd.

NEW Registered Office Address:

Lozhaiches

11-39475

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.

Shen Livingston

Signature of a member or authorized representative of a member

Shawn Livingston
Printed or typed name of signer

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 905, § 3. 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.

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Hyacinth

The amount of compensation for the year 1924 is \$1,000.00, and for the year 1925 is \$1,000.00.