

L17000189492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

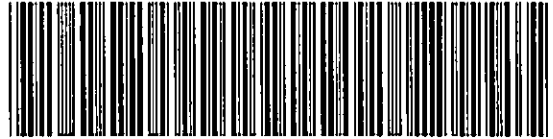
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 05 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2018

LINDA DESRUISSEAU  
PO BOX 12652  
PENSACOLA, FL 32591

SUBJECT: D&L COLEY LLC  
Ref. Number: L17000189492

We have received your document for D&L COLEY 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00012654

62

RECEIVED

2018 JUL -2 AM 11:45

Division of Corporations  
Tallahassee, FL 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D & L COLEY, 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:

LINDA COLEY DESRUISSEAU

\_\_\_\_\_  
Name of Person

D & L COLEY, LLC

\_\_\_\_\_  
Firm/Company

PO BOX 12652

\_\_\_\_\_  
Address

PENSACOLA, FL 32591

\_\_\_\_\_  
City/State and Zip Code

linda@servicemaster2823.net

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

For further information concerning this matter, please call:

Linda Desruisseaux

\_\_\_\_\_  
Name of Person

850

501-3461

at (\_\_\_\_\_) \_\_\_\_\_

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: D & L COLEY, LLC
2. (a) 3230 N S STREET (b) PO BOX 12652  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
PENSACOLA, FL 32505 PENSACOLA, FL 32591  
6-11-18 L17000189492
3. Date of filing/registration in Florida 4. Document number

5. (a) LINDA J COLEY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

330 FORT PICKENS RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PENSACOLA BEACH, FL 32561

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

LINDA COLEY DESRUISSEAU

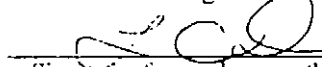
NEW Registered Office Address:

3230 N S STREET

PENSACOLA, FL 32505

FILED  
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SECRETARY OF STATE  
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 of a member or authorized representative of a member

LINDA COLEY DESRUISSEAU

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