117000195097

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(Address)
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CCT 177 2019



September 16, 2019

RYAN MCQUILFLE 3360 S OSPREY AVE APT 204B SARASOTA, FL 34239

SUBJECT: MCAULIFFE CUSTOM CARPENTRY, LLC

Ref. Number: L17000195097

We have received your document for MCAULIFFE CUSTOM CARPENTRY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Catherine M Wood Regulatory Specialist II

Letter Number: 119A00019132

TO: Registration Section Division of Corporations
SUBJECT: Change Registered agent to myself Mcaylifle Custom Name of Limited Liability Company Conferency ile
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:
Ryan Malli Ale. Name of Person
Mcaulifle Custom Carpentry Firm/Company
3360 5. 0 SPVPY are 20413 Address
Sava Sota FL 34239 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Mcaul The at (941) 780-6925 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Enclosed is a check for the following amount:

□ \$25 Filing Fee

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

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

riorida.
1. Name of the limited liability company: Mcaulible Custom Carpentyy 16
2. (a) 5722 (Ovanada Dv. 213 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
5722 (ovanerla De 213 3360 5.05pay au 2045 50/050ta FL 34231 50005ta FL 34239
50+ 20 /2017 L17000195097 3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation agents, inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SS7S SON AVAILANT BIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suit 36
Suit 36 Ovlando FL 32822 P. 100
<u>Ovlando</u> , FL 32822
(b) Kyan 1). UMcCly 1. the
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
Apt 204B
Suvasota, FL 34239
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 of a member 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.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent