

L17 000 238 989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

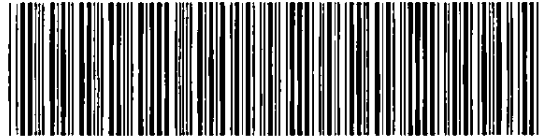
(Business Entity Name)

(Document Number)

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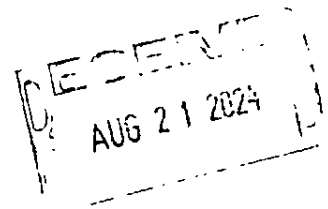


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FLORIDA DEPARTMENT OF STATE  
Division of Corporations



August 1, 2024

WHITNEY DANCA  
620 WHITNEY AVE  
LANTANA, FL 33462

SUBJECT: ALLMON PROPERTY MANAGEMENT LLC  
Ref. Number: L17000238989

We have received your document for ALLMON PROPERTY MANAGEMENT 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 form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. 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.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 124A00017121

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allmon Property Management 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:

Whitney Danca  
Name of Person

Allmon Property Management LLC  
Firm/Company

620 Whitney Ave  
Address

Lantana, FL 33462  
City/State and Zip Code

Whitney@eastcoastmetals.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Whitney Danca at ( 561 ) 816-0734  
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

**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: Allmon Property Management LLC
2. (a) 620 Whitney Ave, Lantana FL 33462 (b) 620 Whitney Ave, Lantana FL 33462  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/20/2017 Date of filing/registration in Florida 4. L17000238989 Document number

5. (a) Schmidt, David  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

140 NE 4th Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite A  
Delray Beach, FL 33483

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

620 Whitney Ave  
NEW Registered Office Address:

Lantana, FL 33462

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]  
Signature of a member or authorized representative of a member

Whitney Danca  
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

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