158810000811

(Danishada Nama)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
	1			
Special Instructions to Filing Officer:				
<u> </u>				





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10/03/24--01015--011 **2485.00

2024-NOV - 5 PM 3: 1.



October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS ELEVENTH, LLC

Ref. Number: L18000018821

We have received your document for DOHERTY HOLDINGS ELEVENTH, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Wanite A Mills Regulatory Specialist II

Letter Number: 524A00022989

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations			
DOHERTY HOLDINGS ELI	EVENTH, LLC		
	Name of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ed Office Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerr	ning this matter to the	following:	
Walter Thomas			
Name of Person			
Walter Thomas, P.A.			
Firm/Company		 5	<u>ء</u>
2549 Ryland Falls Srive			= 1
Address		<u> </u>	-5
Lakeland, Florida 33811		ASS	FILE W 3: 17
City/State and Zip C	l'ode	<u>-</u> -	بب <u>-</u>
walter@walterthomaspa.com			
E-mail address: (to be used for futt	ire annual report notif	fication)	
For further information concerning this r	natter, please call:		
Walter Thomas	863 at (940-4855	
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 foll	owing amount:		
■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	

$^{\prime}$ 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. N	ame of the limited liability company:	JINGS	ELEVENTH,	LLC	
2. (a)	2925 MALL HILL DR	(2925 MALL HILL DR (b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	LAKELAND, FL 33810		LAKELAY	ND, FL 33810	
	01/23/2018	_	L18000018	821	
3. 5. (a	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number	
J. (u	Registered Agent and Registered Office shown on the records of a 230 Doris Drive	he Florid	a Dept. of State	- v	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	-	
	Lakeland, FL	33813		2024 NOV	
(b)	WALTER THOMAS, P.A.			Nov-	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	The contract of the contract o	
	2549 Ryland Falls Drive			OV-5 PH 3: 17	
	NEW Registered Office Address:			FL FL	
	Lakeland, FL_	33811		_	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited by the street of the limited liakers.	register bility co f the lin imited	ed office and ompany, it is nited liability	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ol to me	why accept the appointment as registered agent and agreations of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a complete to this change of this change.	perform for in	ance of my c Chapter 605	luties, and I am familiar with and accept , F.S. Or, if this document is being filed	
Sign	life of Registered Agent				

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