

L18000076074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

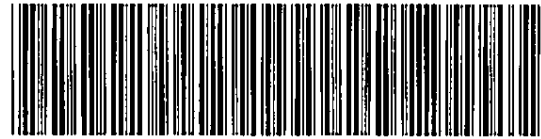
(Business Entity Name)

(Document Number)

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STATE OF TEXAS
FALLASSIST LCR 006

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cross city collateral recovery 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:

Theodore Joseph Harblin Sr.

Name of Person

Cross city collateral recovery llc

Firm/Company

PO Box 1643

Address

cross city Fl. 32628

City/State and Zip Code

crosscitycrecovery@gmail.com

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

For further information concerning this matter, please call:

Theodore Joseph Harblin Sr. 727 777-0650

Name of Person 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: Cross City Collateral Recovery Llc

2. (a) <u>Principal</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>340 NE 500th st</u> <u>Old Town Fl. 32680</u>	(b) <u>Mailing</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>PO BOX 1643</u> <u>Cross city Fl. 32628</u>
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3. <u>03/23/2018</u> Date of filing/registration in Florida	4. <u>L18000076074</u> Document number
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5. (a) Valerie S. Eisenhower
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MNGR

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
340 NE 500th street
Old Town Florida, FL 32680


(b) Theodore Joseph Harblin Sr.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Owner/ Manager
NEW Registered Office Address:
340 NE 500th street

Old town, FL 32680

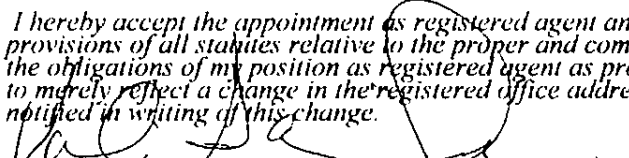
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2018 JUN -7 PM 12:00
TALLAHASSEE, FLORIDA

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

Theodore Joseph Harblin Sr.
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