

18000154404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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STATE DEPT OF TREASURY
TALLAHASSEE, FLORIDA

FILED

Rec. Mr. Karen

JCS
07/31/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2018

MAIREAD AND MICHAEL SMIALEK
1500 PINE STREET
GLENVIEW, IL 60025 US

SUBJECT: BIRDIE 30 LLC
Ref. Number: L18000154404

We have received your document for BIRDIE 30 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):

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

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 818A00015344

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Birdie 30 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:

Mairead and Michael Smialek

Name of Person

Firm/Company

1150 Pine Street

Address

Glenview, IL 60025

City/State and Zip Code

maireadsmi@yahoo.com

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

For further information concerning this matter, please call:

Mairead Smialek

at (847)

334-4848

Name of Person

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: Birdie 30 LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1150 Pine Street
Glenview, IL 60025

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1150 Pine Street
Glenview, IL 60025

06/25/18

L18000154404

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:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Court

Tampa, FL 33612

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

Mairead Smialek

NEW Registered Office Address:

561 Birdie Lane

Longboat Key, FL 34228

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

Mairead Smialek

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.

Signature of Registered Agent

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

FILED
2018 JUL 30 AM 8:46
SECOND FLORIDA
TALLAHASSEE, FLORIDA