

L18000220153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

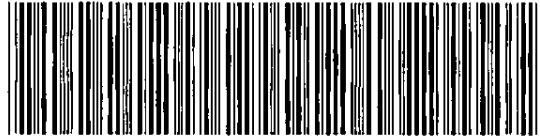
(Business Entity Name)

(Document Number)

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2025 JAN -1 AM 8:41
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2024

GILAD GAZIT
WEST & FEINBERG, P.C.
4550 MONTGOMERY AVENUE, SUITE 775N
BETHESDA, MD 20814

SUBJECT: REBECCA CASKEY, LLC
Ref. Number: L18000220153

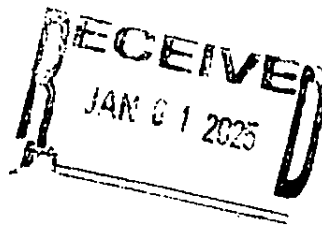
We have received your document for REBECCA CASKEY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00025155



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REBECCA CASKEY, 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:

Gilad Gazit

Name of Person

West & Feinberg, P.C.

Firm/Company

4550 Montgomery Avenue, Suite 775N

Address

Bethesda, MD 20814

City/State and Zip Code

rebeccacaskeylmhc@gmail.com

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

For further information concerning this matter, please call:

Gilad Gazit

at (301) 951-1547

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

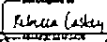
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: <u>REBECCA CASKEY, LLC</u>	
2. (a) <u>7901 4th St N</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>STE 300</u> <u>St. Petersburg, FL 33702</u>	(b) <u>7901 4th St N</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>STE 4000</u> <u>St. Petersburg, FL 33702</u>
3. <u>09/16/2024</u> Date of filing/registration in Florida	4. <u>L18000220153</u> Document number
5. (a) <u>Caskey, Rebecca</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>59 Kelly Fields Dr</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Alexander</u> , FL <u>28701</u>	
(b) <u>Registered Agents Inc.</u> Enter name of NEW Registered Agent and/or NEW Registered Office address : <u>7901 4th St N</u> NEW Registered Office Address: <u>STE 4000</u> <u>St. Petersburg</u> , FL <u>33702</u>	

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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	<u>Rebecca Caskey, Member and Manager</u> Printed or typed name of signee
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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.

David Roberts
 Signature of Registered Agent