

118000234759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

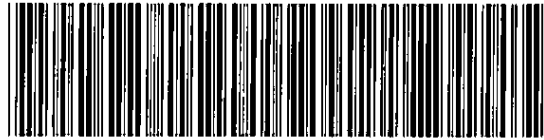
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20 APR 13 PM 3:48

NOTARY PUBLIC
STATE OF CALIFORNIA

RA Change

APR 15 2020

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DESTINATIONS BY DAVE, 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:

David A Mahoney

Name of Person

DESTINATIONS BY DAVE, LLC

Firm/Company

412 Country Meadows Way

Address

Bradenton/Florida 34212

City/State and Zip Code

destinationsbydave@gmail.com

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

For further information concerning this matter, please call:

David Mahoney

614-257-954

at (_____) _____

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

20 APR 13 PM 3:48

REC'D
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 13 PM 1:01

March 13, 2020

DAVID A MAHONEY
DESTINATION BY DAVE, LLC
412 COUNTRY MEADOWS WAY
BRADENTON, FL 34212

SUBJECT: DESTINATIONS BY DAVE, LLC
Ref. Number: L18000234759

We have received your document for DESTINATIONS BY DAVE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Limited Liability Company cannot list the name of the company as the registered agent. It will need to be an individual within the company to serve as agent.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 120A00005640

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: DESTINATIONS BY DAVE, LLC

2. (a) DESTINATIONS BY DAVE, LLC (b) DESTINATIONS BY DAVE, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

412 COUNTRY MEADOWS WAY

BRADENTON, FL 34212

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

412 COUNTRY MEADOWS WAY

BRADENTON, FL 34212

OCTOBER 3, 2018

L18000234759

3. Date of filing/registration in Florida

4. Document number

5. (a) DESTINATIONS BY DAVE, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DAVID A MAHONEY

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

412 COUNTRY MEADOWS WAY

BRADENTON, FL 34212

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

NEW Registered Office Address:

412 COUNTRY MEADOWS WAY

BRADENTON, FL 34212

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.

David A Mahoney
Signature of a member or authorized representative of a member

DAVID A MAHONEY

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.

David A Mahoney
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

20 APR 13 PM 3:48