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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 07666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT CHANGE CRABBY BILLS FISH CAMP ROOSEVELT LLC

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JUN 10 2019

M. SOLOMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRABBY BILLS FISH CAMP ROOSEVELT 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:

WILLIAM T. CONROY, VICE PRESIDENT

Name of Person

CHESTNUT BUSINESS SERVICES, LLC

Firm/Company

333 3rd AVENUE NORTH, SUITE 200

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

WillC@JPFIRM.COM

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

For further information concerning this matter, please call:

Erica Hall at (**727**) **800-5980**
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

INHS18 (2/14)

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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: CRABBY BILLS FISH CAMP ROOSEVELT LLC
2. (a) 333 3RD AVENUE NORTH (b) 333 3RD AVENUE NORTH
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SUITE 200 SUITE 200
ST PETERSBURG, FL 33701 ST PETERSBURG, FL 33701

3. 10/11/2018 4. L18000240900
 Date of filing/registration in Florida Document number

5. (a) CYNTHIA SARSEN
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2561 SUNNY CREEK DRIVE
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FLEMING ISLAND, FL 32003

- (b) CHESTNUT BUSINESS SERVICES, LLC
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

333 3RD AVENUE NORTH

NEW Registered Office Address:

SUITE 200

ST. PETERSBURG, FL 33701

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

WILLIAM T. CONROY

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

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

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