

L18 000255379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

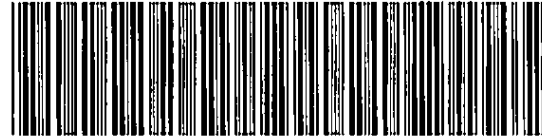
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
MAIL ROOM

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M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2019

DIANE M FREANEY  
2180 LAKE OSBORNE DR #10  
LAKE WORTH, FL 33461

SUBJECT: DUNCAN FARMS, LLC  
Ref. Number: L18000255379

We have received your document for DUNCAN FARMS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00013117

7/5/19 THANK YOU DIONNE SCOTT. I AM SORRY I FORGOT  
TO SIGN THIS FORM - OR DID IT?

PLEASE!

DIANE

RECEIVED  
JUL 09 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DUNCAN FARMS, 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:

DIANE M FREANEY

\_\_\_\_\_  
Name of Person

DUNCAN FARMS, LLC

\_\_\_\_\_  
Firm/Company

2180 LAKE OSBORNE DRIVE #10

\_\_\_\_\_  
Address

LAKE WORTH, FL 33461

\_\_\_\_\_  
City/State and Zip Code

dfreaney@gmail.com

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

For further information concerning this matter, please call:

Diane M Freaney

at ( 323 )

632-6638

\_\_\_\_\_  
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: DUNCAN FARMS, LLC
2. (a) 2180 LAKE OSBORNE DRIVE #10  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 2180 LAKE OSBORNE DRIVE #10  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
- LAKE WORTH, FL 33461 LAKE WORTH, FL 33461
3. 10/31/2018 4. L18000255379  
Date of filing/registration in Florida Document number
5. (a) SAUERBERG, ERIC M  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
200 VILLAGE SQUARE CROSSING # 102  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
- PALM BEACH GARDENS, FL 33410
- (b) FREANEY, DIANE M  
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- 2180 LAKE OSBORNE DRIVE #10  
NEW Registered Office Address:
- LAKE WORTH, FL 33461

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SECRETARY OF STATE  
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.

DIANE M FREANEY  
Signature of a member or authorized representative of a member

DIANE M FREANEY

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.*

DIANE M FREANEY  
Signature of Registered Agent