

L18000268480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

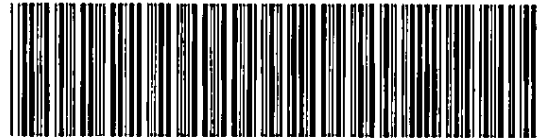
(Document Number)

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20 MAR 25 PM 6:34

RA Change

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1. *Chlorophyll a* (Chl *a*)

**TO:** Registration Section  
Division of Corporations

FRUIT COVE VILLAGE, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Victoria L. Bauer

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

FRUIT COVE VILLAGE, LLC

Firm/Company

1237 Cunningham Creek Drive

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Address

St. Johns, Florida 32259

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

Victoria.bauer96@gmail.com

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

For further information concerning this matter, please call:

Victoria L. Bauer 904 429-2912

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Name of Person at ( ) 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 MAR 25 PM 6:34



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2019

VICTORIA L BAUER  
FRUIT COVE VILLAGE, LLC  
1237 CUNNINGHAM CREEK DRIVE  
ST JOHNS, FL 32259

SUBJECT: FRUIT COVE VILLAGE, LLC  
Ref. Number: L18000268480

We have received your document for FRUIT COVE VILLAGE, 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):

You must complete the actual application to change the registered agent information.

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: 819A00025592

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.

FRUIT COVE VILLAGE, LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1237 Cunningham Creek Drive

Saint Johns, Florida 32259

November 16, 2018

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1237 Cunningham Creek Drive

Saint Johns, Florida 32259

L18000268480

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Victoria L. Bauer

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1237 Cunningham Creek Drive

Saint Johns, FL 32259

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

Rebeka L. Martin

NEW Registered Office Address:

12724 Gran Bay Parkway W, Suite 410

Jacksonville, FL 32258

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.

Victoria L. Bauer

Signature of a member or authorized representative of a member

Victoria L. Bauer

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.

Rebeka L. Martin

Signature of Registered Agent

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

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DIVISION OF CORPORATIONS  
20 MAR 25 PM 6:36