## 118000289754

(1	Requestor's Name)				
(.	Address)	<u> </u>			
(,	Address)				
(1	City/State/Zip/Phone #)				
PICK-UP	WAIT [	MAIL			
(	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Sta	atus			
Special Instructions to Filing Officer:					
le	340				





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PRILITION

19 JAN 25 PH 2: 23

14 JAN 25 PH 2: 23

JAN 2 8 2019 S. YOUNG



January 16, 2019

JERROLD SCHLANGEN JR J&J FLORIDA HONEY 4920 MOCKINGBIRD DRIVE RIDGE MANOR, FL 33523

SUBJECT: J&J FLORIDA HONEY LLC

Ref. Number: L18000289754

We have received your document for J&J FLORIDA HONEY LLC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$60.00. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent of an active limited liability company is \$85.00.

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.

Letter Number: 219A00001319

Shelia H Young Regulatory Specialist II

RECEIVED, 1019 JAN 25 PH 12: 54 TALLARASSEE, FL

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	J&J FLOIDA HONEY					
Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	Tice Change an	d fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning th	is matter to the	e following:			
Jerrolo	d G. Schlangen Jr.					
	Name of Person		<del></del>			
	Firm/Company					
4920 N	Mockingbird dr					
	Address					
Ridge	Manor Fl. 33523					
	City/State and Zip Code		<del></del>			
jschlar	ngen@tampabay.rr.com					
E-	mail address: (to be used for future ann	iual report noti	fication)			
For furt	her information concerning this matter,	please call:				
Jerrold	I G. Schlangen Jr.	352 at (	263-6495			
	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	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	□ \$25 Filing Fee	. 0 \$	55 Filing Fee & Certified Copy			
INHS18	(2/14)					

## 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. 1	Name of the limited liability company:	HON	EY		
2. (a	4920 Mockingbird Dr. Ridge Manor Fl. 33523	(	<sub>b)</sub> 4920 Мс	ockingbird Dr. R	idge Manor Fl. 335
`	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limit (Note: MAY BE PO.	
3.	O1/22/2019  Date of filing/registration in Florida  Jerrold G. Schlangen Jr.	4.	L1800028	9754 Document number	
5. (a	Registered Agent and Registered Office shown on the records of the	e Florid	a Dent of State		
	4920 Mockingbird Dr.	C 1 10/10	a izepi. or state	•	
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRES.	<u></u>		
(b	,FL	33523			FILES 19 JAN 25 PH IALLAHASSEE, IL
	NEW Registered Office Address:				<u>.</u> 5:
	4920 Mockingbird Dr.				24 IDA
	Ridge Manor FL	3523			
the cragent was/v the ar	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the limited of a member of authorized representative of a member or autho	he regional heregistry control of the line mited	stered office ompany, it is nited liability com	and the business of hereby confirmed company or as other pany.  Printed or typed name	ffice of the registered that the change(s) herwise provided in by signee

Signature of Registered Agent