

L19 0000003090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

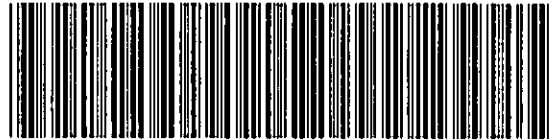
(Business Entity Name)

(Document Number)

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

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2020 MAR 12 PM 3:08  
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FALLS CHURCH, VA  
FALLS CHURCH, VA

O SIMMONS

MAR 16 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JAN 12 11:27

Sent 3/9/20  
AMDB

January 29, 2020

AURELLE BRADLEY  
8946 ABERDEEN CREEK CIRCLE  
RIVERVIEW, FL 33569

SUBJECT: EVERLASTING EXPERIENCES PLANNING LLC  
Ref. Number: L19000003090

We have received your document for EVERLASTING EXPERIENCES PLANNING 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):

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) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 020A00002056

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

EVERLASTING EXPERIENCES PLANNING, 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:

Aurelle Bradley

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

EVERLASTING EXPERIENCES PLANNING, LLC

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

8946 Aberdeen Creek Circle

\_\_\_\_\_  
Address

Riverview, FL 33569

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

EEPLLC@YAHOO.COM

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

For further information concerning this matter, please call:

Aurelle Bradley

813

753-2629

\_\_\_\_\_  
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

**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.*

EVERLASTING EXPERIENCES PLANNING, LLC

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

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

Principal office address of limited liability company:

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

8946 Aberdeen Creek Circle

Riverview, FL 33569

9/27/2019

Mailing address of limited liability company:

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

8946 Aberdeen Creek Circle

Riverview, FL 33569

L19000003090

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:  
United States Corporation Agents, INC

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

5575 S. SEMORAN Blvd Suite 36

Orlando

32822

, FL

FILED  
2020 MAR 12 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Aurelle Bradley

**NEW** Registered Office Address:

8946 Aberdeen Creek Circle

Riverview

33569

, FL

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

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.*

Signature of Registered Agent

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

FILING FEE: \$25.00