

L19 00000 13348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

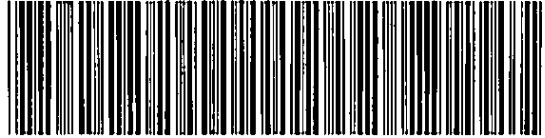
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New RA must sign

Office Use Only



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10/11/19--01/14/ 006 \$425.00

10/11/19 2:00 PM

10/11/19 2:00 PM

RA Change

DEC 05 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MODERN DWELLINGS 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:

MICHAEL HALIKOYTAKIS
Name of Person

MODERN DWELLINGS LLC
Firm/Company

23633 GRACEWOOD CIR
Address

LAND O LAKES, FL 34639
City/State and Zip Code

HALIKOE@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edith Halikoytak at (813) 928-3746
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2019

MICHAEL HALIKOYTAKIS
MODERN DWELLINGS LLC
23633 GRACEWOOD CIR
LAND O LAKES, FL 34639

SUBJECT: MODERN DWELLINGS LLC
Ref. Number: L19000013348

We have received your document for MODERN DWELLINGS 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 new registered agent must sign the acceptance statement at the bottom of the application.

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: 419A00022537

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.

INHS18 (2/14)