# L19 0000 42782

(Requestor's Name)						
(Address)						
(Address)	—					
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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### COVER LETTER

TO: Registration Section Division of Corporations

# LIL FISHERMAN LLC SUBJECT:

.9

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:

Sean Delaune

Name of Person

LIL FISHERMAN LLC

Firm/Company

7436 Inspira Ln #2422

Address

Naples, FL 34113

City/State and Zip Code

sdelau7@gmail.com

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

For further information concerning this matter, please call:

Sean Delaune

504 7

at (

762-1701

Area Code & Daytime Telephone Number

Name of Person

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 1 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

1. N:	ame of the limited liability company:	MAN LL	0			
2. (a)	7436 Inspira Ln		(b) 7436 Inspira Ln			
2. (4)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(u	, <u></u>	Mailing address of limited liability company (Note: MAYBE POST OFFICE BON)		
	#2422		#2422			
	Naples, FL 34113		Naples,	, FL 34133		
	2-12-2019		L190000	)42782		
3. 5. (a) (b)	Date of tiling/registration in Florida Sean Delaune	4.		Document number		
	Registered Agent and Registered Office shown on the records on 80 SW 8th St	of the Florida	Dept. of Sta	nte:		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> #2000	<u>T ADDRESS</u>	2	ISEL		
	MIAMI	., 33130				
	SEAN DELAUNE					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	<u>dress</u> :	108 8. <b>S</b>		
	7436 Inspira Ln					
	<u>NEW</u> Registered Office Address:			— .		
	#2422			_		
	NaplesI	- 1. <mark>34113</mark>		_		
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability ec s of the lim re limited l	stered offic ompany, it iited liabili	ce and the business office of the regis is hereby confirmed that the change( ity company or as otherwise provided mpany.		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provis. the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing-offthis change	te verlorm	ance of m	pacity. I further agree to comply with addies and I am familiar with and a		

Signature of Registered Agent

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