

L19000138641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

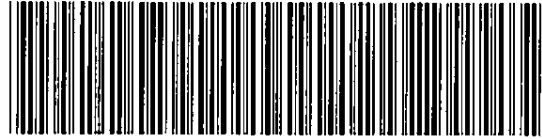
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2023 OCT 18 PM 1:25

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLANAGAN PARTNERS 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 P. FLANAGAN
Name of Person

FLANAGAN PARTNERS LLC
Firm/Company

21349 AARON COURT
Address

LAKE FL 33549
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL FLANAGAN at (914) 391-5031
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

Already paid 835



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2023

MICHAEL FLANAGAN
21349 AARON COURT
LUTZ, FL 33549

SUBJECT: FLANAGAN PARTNERS LLC
Ref. Number: L19000138641

We have received your document for FLANAGAN PARTNERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 623A00022227

SEP 26 2023

SEP 26 2023

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. Name of the limited liability company: FLANAGAN PARTNERS LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

21349 AARON CT
LUTZ FL 33549

SAME AS "A"

05/23/2019

L19000138641

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE
JACKSONVILLE, FL 32202

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

MICHAEL R FLANAGAN
NEW Registered Office Address:

21349 AARON CT
LUTZ, FL 33549

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2023 OCT 18 PM 1:25
TALLAHASSEE, FLORIDA

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.

Michael R Flanagan
Signature of a member or authorized representative of a member

MICHAEL R FLANAGAN
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.

Michael R Flanagan
Signature of Registered Agent