## <u>L19005157893</u>

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2021

MERSEAPROPERTY LLC 1200 ARIOLA DRIVE PENSACOLA BEACH, FL 32561

SUBJECT: MERSEAPROPERTY LLC

Ref. Number: L19000157893

Our records indicate the registered agent for the above named limited liability company resigned on June 1, 2021 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6823.

Shelia S Young Regulatory Specialist III Division of Corporations

Letter Number: 521A00017360

www.sunbiz.org

## COVER LETTER: 1

TO: Registration Section Division of Corporations				
SUBJECT: Mersea Property 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:				
Tammy Reaves Name of Person				
MERSEAPROPERTY LLC Firm/Company				
1200 Ariola Drive Address				
Pensocola Beach, FL 325/21 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tanny Recues at (850) 530-5433  Name of Person Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations				

Enclosed is a check for the following amount:

≱\$25 Filing Fee

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

🖄 \$55 Filing Fee & Certified Copy

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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.

	me of the limited liability company: MERS	RA PA	enPERTY LLC
1. Na:	1200 Ariola Drive	(b)	1260 Ariola DRUC
(u) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pensacola beach, FL		Pensacola Beach, FL
	32561		32561
	8-11e-2031		521 A00017360
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Der	or, of State:
	1200 Ariola Drive		
	Registered Office Address	DDRESS)	
	Pensacola Beach, PL		<u></u>
	, FL_	305	101
(1.5	Tammy Preaves		<u>.</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s:</u>
	Tammy Reaves		<del></del>
	NEW Registered Office Address:	. \	0 10
	1200 Ariola Drive Pens	aco la	1 HOCCE !
	PenSacola Beach FL	325	slel
change agent v	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered c ability comp of the limited	vany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.
()	land leave the property authorized representative of a member		Printed of typed name of signec
provis the ob to mer notifie	why accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided with the proper and complete ligations of my position as registered agent as provided with the registered office address, I have a supposed in the registered office address, I have a supposed in the registered of the supposed in the supposed in the registered of the supposed in the suppo	ee to act in performanc d for in Cha hereby confi	this remain I forther agree to comply with the