





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2024

RUTH THOMPSON  
8623 SNOWY OWL WAY  
TAMPA, FL 33647

SUBJECT: HOLMQUIST & CO., LLC  
Ref. Number: L19000186744

*Sending  
new form*

We have received your document for HOLMQUIST & CO., 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 CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 524A00017033

AUG 21 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Holmquist and Co 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:

Ruth Thompson  
Name of Person

Holmquist and Co, LLC  
Firm/Company

8623 Snowy Owl Way  
Address

Tampa, FL 33647  
City/State and Zip Code

ruthelise@usascandia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth Thompson at (863) 660 6434  
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

previously sent

**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: Holmquist and Co LLC

2. (a) 8623 Snowy Owl Way (b) same

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Tampa  
FL 33647

3. 7/18/19 Date of filing/registration in Florida 4. L19000186744 Document number

5. (a) Ruth Thompson

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1572 Village Center Dr. Apt 108, Labeland  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
FL 33803

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

NEW Registered Office Address:

8623 Snowy Owl Way  
Tampa, FL 33647

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 signer

Zoe Holmquist Ruth Thompson  
Zoe Holmquist / President  
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