

L19000237115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

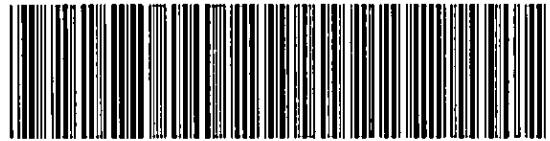
(Business Entity Name)

(Document Number)

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2020 JUN 25 P 3:52

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DC 7/6/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

REBECCA SULLIVAN
ROBERT S. SULLIVAN LLC
2819 SAINT TROPEZ CT.
PONTE VEDRA BEACH, FL 32082

SUBJECT: ROBERT S. SULLIVAN, LLC
Ref. Number: L19000237115

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FILING FEE TO FILE THE REGISTERED AGENT CHANGE IS \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 420A00011964

2020 JUN 17 10 45 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert S. Sullivan 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:

Rebecca Sullivan

Name of Person

Robert S. Sullivan LLC

Firm/Company

2819 Saint Tropez Ct.

Address

Ponte Vedra Beach FL 32082

City/State and Zip Code

Rebecca@TeamSullivanSells.com

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

For further information concerning this matter, please call:

Rebecca Sullivan

904

994-5616

at (_____) _____

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

INHS18 (2/14)

RECEIVED

MAY 28 2020

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: Robert S. Sullivan LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2819 Saint Tropez Ct
Ponte Vedra Beach FL 32082

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2819 Saint Tropez Ct.
Ponte Vedra Beach FL 32082

Filed 9/18/2019 Effective 2/20/2019

L19000237115

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Rebecca L. Sullivan

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11177 Castlemain Circle W

Jacksonville, FL 32256

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

NEW Registered Office Address:

2819 Saint Tropez Ct.

Ponte Vedra Beach, FL 32082

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.

Rebecca L. Sullivan
Signature of a member or authorized representative of a member

Rebecca L. Sullivan

Printed or typed name of signee

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.

Rebecca L. Sullivan
Signature of Registered Agent

5/11/2020

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

2020 JUN 25 P 3:52

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5/11/2020