

L19 000286287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

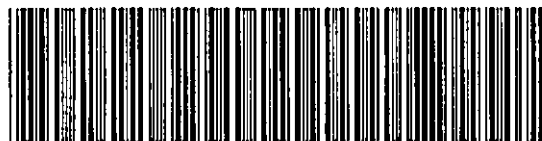
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500378645555

RECEIVED

JAN 03 2022

01/04/22--01005--015 **25.00

FILED
2022 JAN -3 PM 1:51
CLERK OF STATE
TALLAHASSEE, FL

Y GULKER

JAN 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LL PASSAGE 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:

Melissa Meziere
Name of Person

Firm/Company

14237 Perdido Key Drive Unit 7E
Address

Pensacola FL 32507
City/State and Zip Code

meziere LR @ comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Meziere at (501) 690 6670
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: LL PASSAGE LLC
2. (a) _____ (b) _____
Principal office address of limited liability company. Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 14237 Perdido Key Dr Unit 7E 14237 Perdido Key Drive Unit 7E
Pensacola FL 32507 Pensacola FL 32507
- 11/18/2019 L 19000286287
3. _____ 4. _____
Date of filing registration in Florida Document number

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

Melissa Meziere
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
17287 Perdido Key Dr Unit 204
Pensacola, FL 32507

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

NEW Registered Office Address:
14237 Perdido Key Dr Unit 7E
Pensacola, FL 32507

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that any 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 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.

Melissa Meziere
Signature of a member or authorized representative of a member 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 understand 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.

Melissa Meziere
Signature of Registered Agent