

L200000 44866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

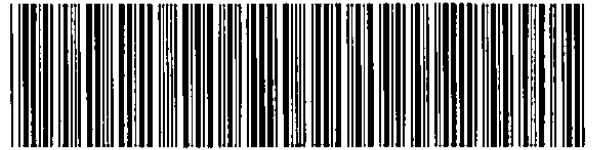
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 13 AM 8:40

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MAY 14 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE STEADING AT STILL CREEK, 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:

DOYLE MULLINS

Name of Person

THE STEADING AT STILL CREEK

Firm/Company

4397 VETERANS MEMORIAL DRIVE

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

DOYLEEXCLUSIVE@YAHOO.COM

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

For further information concerning this matter, please call:

DOYLE MULLINS

850 519-4819
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 13 PM 1:32

April 20, 2020

DOYLE MULLINS
4397 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

SUBJECT: THE STEADING AT STILL CREEK, LLC
Ref. Number: L20000044866

We have received your document for THE STEADING AT STILL CREEK, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00008213

**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: THE STEADING AT STILL CREEK

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

4397 VETERANS MEMORIAL DRIVE

TALLAHASSEE, FLORIDA 32309

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

4397 VETERANS MEMORIAL DRIVE

TALLAHASSEE, FLORIDA

02/07/2020

L20000044866

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:

JAY HUIE

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

225 E. ROBINSON STREET, SUITE 570

ORLANDO, FL 32801

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

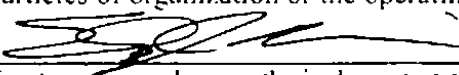
DOYLE MULLINS

NEW Registered Office Address:

4397 VETERANS MEMORIAL DRIVE

TALLAHASSEE, FL 32309

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

DOYLE MULLINS

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.


Signature of Registered Agent

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