

L20000075594

(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



300395777693

FILED

2022 OCT 18 AM 9:09

CLERK OF SUPERIOR COURT

2022 OCT 18 PM 2:43

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CLERK OF SUPERIOR COURT

APR 11 2022

OCT 19 2022

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/18/2022

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1078695

**ORDER ENTITY**  
WML OCALA HOLDINGS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**WML OCALA HOLDINGS, LLC ( FL )**

File the attached change of agent document

**NOTES:**  
\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W" followed by a large "O".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WML OCALA HOLDINGS, 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:

MICHAEL J. LEVENTHAL

\_\_\_\_\_  
Name of Person

WML OCALA HOLDINGS, LLC

\_\_\_\_\_  
Firm/Company

116 WINDSONG DRIVE

\_\_\_\_\_  
Address

DOYLESTOWN, PA 18901

\_\_\_\_\_  
City/State and Zip Code

njl1257@aol.com

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

For further information concerning this matter, please call:

MICHAEL J. LEVENTHAL

\_\_\_\_\_  
Name of Person

215

343-9100

OR 215-262-6214

\_\_\_\_\_  
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 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: WML OCALA HOLDINGS, LLC
2. (a) 116 WINDSONG DRIVE  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
DOYLESTOWN, PA 18901
- (b) 116 WINDSONG DRIVE  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
DOYLESTOWN, PA 18901
3. 03/12/2020  
Date of filing/registration in Florida
4. L20000075594  
Document number

5. (a) AGENT RESIGNED

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

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

\_\_\_\_\_, FL \_\_\_\_\_

- (b) INCORPORATING SERVICES, LTD.

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

1540 GLENWAY DRIVE

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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2022 OCT 18 AM 9:09  
TALLAHASSEE, FL  
F.S. STATE


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

MICHAEL J. LEVENTHAL

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