## DP1880000061

(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.
Special instructions to Filing Officer.

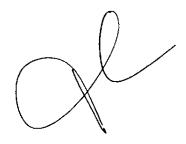
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October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: SARASOTA TOY CARS, LLC

Ref. Number: L20000088190

We have received your document for SARASOTA TOY CARS, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience:

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 3 (850) 245-6050.

Letter Number: 224A00023075

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations				
SARASOTA TOY CARS, LLC SUBJECT:	•			
	Name of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.		
Please return all correspondence concernin	g this matter to the	following:		
Walter Thomas				
Name of Person		<del></del>		
Walter Thomas, P.A.				
Firm/Company	-		<b>202</b>	
2549 Ryland Falls Srive		7 		1
Address		—- 5	- J	Section 1
Lakeland, Florida 33811		(	2024 NOV -5 PM 3: 07	
City/State and Zip Co	de		アッ 円形 0	
walter@walterthomaspa.com				
E-mail address: (to be used for future	annual report noti	fication)		
For further information concerning this ma	atter, please call:			
Walter Thomas	863 at (	94(1-4855		
Name of Person	,	Area Code & Daytime Telephone Nu	mber	
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	ı	
Enclosed is a check for the follow	ving amount:			
■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

(a)	2925 MALL HILL DR	1	b)	2925 MAL	L HILL DR			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	Ο,		Mailing address ( <u>Note: MAY</u>		-	
	LAKELAND, FL 33810	_	-	LAKELAN	√D, FL 33810	· ·		
	03/24/2020	_	ı	.200000881	190		<del></del>	
	Date of filing/registration in Florida	4.	_	-	Document n	umber		
(0)	WALTER THOMAS, P.A.							
(a)	Registered Agent and Registered Office shown on the records of the	ne Florid	la L	Dept. of State	- ::			
	230 Doris Drive							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>		-	ر ایس	2024 ****	
	Lakeland, FL	33813				ALLA:	2024 NOV -5	
(b) .	WALTER THOMAS, P.A.				-	HASS		
	Enter name of NEW Registered Agent and/or NEW Registered O	Office a	<u>ddr</u>	ess:		ر. اح	اسا ح	, (
	2549 Ryland Falls Drive				-	- <del>-</del> :	OF STATE	2
	NEW Registered Office Address:							
	Lakeland , FL	33811			-			
inge ent w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of eles of organization or the operating agreement of the liability and the operating agreement of the liability agreement of the liabilit	egister oility co the lin imited	red om nite lia	office and pany, it is ed liability	I the busines hereby confivered company or pany.	s office of irmed that	of the reg	istered inge(s)
ignat	ure of a member of adulorized representative of a member				Printed or type	ed name of	signee	
ovisie obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address. I ha Fin writing of this change.	e to ac erform for in reby c	t ir ian Ch on	i this capa ce of my d apter 605, firm that ti	icity. I furthe luties, and I i , F.S. Or, if , he limited lid	er agree ( am famili this docu ability co.	to compliar with i ment is h mpany hi	v with t ind acc eing fil as been

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

Signatur & Rogistered Agent