

L20 000319628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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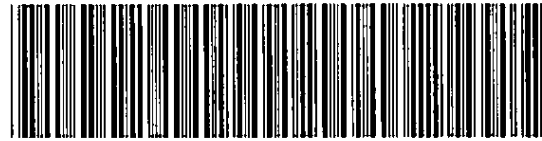
(Business Entity Name)

(Document Number)

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2021 MAY 28 PM 5:09
TALLAHASSEE, FLORIDA

16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GNB Associates 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:

Joan P Malone

Name of Person

GNB Associates LLC

Firm/Company

10305 Crooked Creek Dr

Address

Venice, FL 34293

City/State and Zip Code

jpmalone30@gmail.com

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

For further information concerning this matter, please call:

Joan P. Malone

860

559-9085

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

Change & address

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: GNB Associates LLC

2. (a) 10305 Crooked Creek Dr Venice, FL 34293 (b) 10305 Crooked Creek Dr Venice, FL 34293

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

5/20/2021

3. Date of filing/registration in Florida

L20000319628

4. Document number

5. (a) TRAVIS CRABTREE, OBO LEGALCORP SOLUTIONS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALCORP SOLUTIONS, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3440 W HOLLYWOOD BLVD SUITE 415

HOLLYWOOD, FL 33021

2021 MAY 28 PM 5:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

JOAN P MALONE

NEW Registered Office Address:

10305 CROOKED CREEK DR

VENICE, FL 34293

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.

Joan P Malone
Signature of a member or authorized representative of a member

JOAN P MALONE
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.

Joan P Malone
Signature of Registered Agent