

L21000052103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

(Business Entity Name)

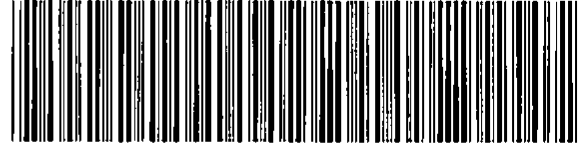
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Incorrect Form  
W24000062972

Office Use Only



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04/02/20--01028--024 ♦#52.50

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Lichtenthaler and Whistler (1973). The total chlorophyll content was determined by the method of Arar and Johnson (1977). The carotenoid content was determined by the method of Lichtenthaler and Whistler (1973).

2024 MAY -1 PM 1:20

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AB

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUNCREST DEVELOPMENT GROUP LLC  
SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARLAND DEESE

Name of Person

HOMECREST INSPECTION SERVICE LLC

Firm Company

1900 N. ATLANTIC AVENUE #401

Address

Daytona Beach / Florida 32118

City/State and Zip Code

arland.Homecrest@gmail.com

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

For further information concerning this matter, please call:

Arland Deese

386

341 - 6802

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**ATTN: Mr. ANISSA BUTLER**

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

DAY-1 PM 1:20

This amendment is submitted to amend the following:

HOMECREST INSPECTION SERVICE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

N/A - No change

**(Principal office address MUST BE A STREET ADDRESS)**

N/A - No change

**(Mailing address MAY BE A POST OFFICE BOX)**

## Name of New Registered Agent:

N/A - No change

**New Registered Office Address:**

Enter Florida street address

Florida

Civ.

*Zip Code*

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

- No Changes

[illegible]

[illegible]

5 1/2024

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/24/2024, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2024

ARLAND DEESE  
P.O. BOX 1603  
ORMOND BEACH, FL 32175

SUBJECT: SUNCREST DEVELOPMENT GROUP LLC  
Ref. Number: L21000052103

We have received your document for SUNCREST DEVELOPMENT GROUP LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(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 (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 524A00008666