

L21000223133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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DEC 06 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 873 # 12 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:

SARANNE Kimble  
Name of Person

873 # 12 LLC  
Firm/Company

47 LAKECLIFF DRIVE  
Address

ORMOND Beach Florida 32174  
City/State and Zip Code

SARANNE 4967 @ gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARANNE Kimble at ( 386 ) 547-1123  
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

**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: 873 #12 LLC
2. (a) 873 HULL Road #12, ORMOND Beach (b) 47 Lakecliff DR, ORMOND Beach  
Principal office address of limited liability company: FL 32174 Mailing address of limited liability company: FL  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 32174

3. MAY 13, 2021 Date of filing/registration in Florida 4. L21000223133 Document number

5. (a) DANIEL Kimble  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

873 HULL Road #12  
ORMOND Beach FL 32174

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

JACK H. Kimble  
NEW Registered Office Address:  
47 LAKECLIFF DRIVE  
ORMOND Beach FL 32174

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.

Saranne Kimble  
Signature of a member or authorized representative of a member

SARANNE Kimble  
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.

X Jack Kimble  
Signature of Registered Agent