

h21000263660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

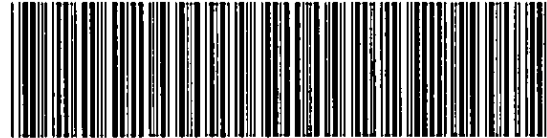
Special Instructions to Filing Officer:

J. HORNE

OCT 22 2022

10/6

Office Use Only



700389876277

06/24/22--01017--016 **35.00

FILED
2022 OCT -6 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2022

RONALD L. MILLS
976 22ND AVENUE S
APT 111
ST. PETERSBURG, FL 33705 US

SUBJECT: RONROB ENTERPRISES LLC
Ref. Number: L21000263660

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 122A00021089

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONRON ENTERPRISES 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:

RONALD L. MILLS
Name of Person

RONRON ENTERPRISES LLC
Firm/Company

976 22nd AVE S APT 111
Address

ST. PETERSBURG FL 33705
City/State and Zip Code

millsronald895@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD L. MILLS at (813) 394-8637
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: RONROB ENTERPRISES LLC

2. (a) 976 22ND AVE S APT 111

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ST. PETERSBURG FL 33705

(b) 976 22ND AVE S. APT 111

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

ST. PETERSBURG, FL 33705

3. JUNE 7, 2021

Date of filing/registration in Florida

4. 210002631660

Document number

5. (a) LEGALZOOM

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

9900 SPECTRUM DR AUSTIN, TX 78717

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) RONALD L. MULLS

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

976 22ND AVE S APT 111

NEW Registered Office Address:

ST. PETERSBURG, FL 33705

_____, FL _____

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.

Ronald L. Mulls

Signature of a member or authorized representative of a member

RONALD L. MULLS

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.

Ronald L. Mulls

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2022 OCT -6 PM 12:33
SECRETARY OF
STATE
TALLAHASSEE, FL