

121 000279531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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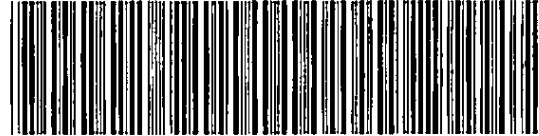
(Business Entity Name)

(Document Number)

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2021 DEC 22 PM 2:36

Handwritten signature: K. C. H. S.

DEC 22 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE ENTERPRISE OF NORTH FL., 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:

BARBARA McDERMOTT
Name of Person

Firm/Company

802 Harrington Lake Dr. N.
Address

Jenice FL 34293
City/State and Zip Code

McDERMOTTB5@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA McDERMOTT at (941) 492-5050
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 22 11:21

December 7, 2021

BARBARA MCDERMOTT
802 HARRINGTON LAKE DR N
VENICE, FL 34293

SUBJECT: SUNSHINE ENTERPRISE OF NORTH FLORIDA, 'LLC'
Ref. Number: L21000279531

We have received your document for SUNSHINE ENTERPRISE OF NORTH FLORIDA, 'LLC' and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent information does not appear to be changing. For any other changes, please submit the enclosed amendment form.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00029438

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: SUNSHINE ENTERPRISE OF NORTH FL. LLC
2. (a) 802 Harrington Lake DR., N. (b) 802 Harrington Lake DR., N.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Venice FL 34293

Venice FL 34293

3. JUNE 16th 2021 4. L21000279531
Date of filing/registration in Florida Document number

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

3780 Cadbury CIR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Venice FL 34293
_____, FL

- (b) 802 HARRINGTON LAKE DR. N
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Venice FL 34293
NEW Registered Office Address:

_____, 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.

Barbara McDermott
Signature of a member or authorized representative of a member

BARBARA McDERMOTT
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.

Barbara McDermott
Signature of Registered Agent