

h21 000 320 493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

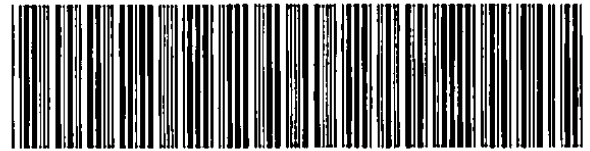
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 14 AM 11:56
SECURITY
TOLSON/SEEK FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 14 AM 9:50

August 26, 2021

MARIANO MOSSBURG
3212 ALTON ROAD
W PALM BEACH, FL 33405

SUBJECT: MOSSBURG L.L.C.
Ref. Number: L21000320493

We have received your document for MOSSBURG L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line 5a please list the current registered agent reflected on sunbiz.org.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 721A00020549

COVER LETTER

TO: Registration Section
Division of Corporations

Mossburg L.L.C.

SUBJECT: _____
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:

Mariano Mossburg

Name of Person

Mossburg L.L.C.

Firm/Company

3212 Alton Road

Address

West Palm Beach, Florida 33405

City/State and Zip Code

marmossburg@gmail.com

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

For further information concerning this matter, please call:

Dawn Starkey

410

9805306

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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.

Mossburg L.L.C.

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3212 Alton Road

West Palm Beach, Florida 33405

July 13, 2021

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3212 Alton Road

West Palm Beach, Florida 33405

1.21000320493

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agents, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5575 S. Semoran BLVD, Suite 36

Orlando

32822

FL

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

Mariano Mossburg

NEW Registered Office Address:

3212 Alton Road

West Palm Beach

33405

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Signature of a member or authorized representative of a member

Mariano Mossburg

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 understand 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.

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**