

L21 000472153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

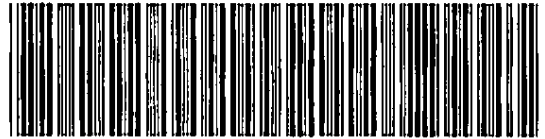
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/20/2021 form

1/3

Office Use Only



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2023 JAN 3 AM 7:19

JAN 11 2023
J. PRATHEP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEARENTY WPR LLC
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David M. Fritz

Name of Contact Person

Firm/Company

7549 Woodland Bend Circle

Address

Ft. Myers, FL 33912

City/State and Zip Code

david@cruiseeverything.com

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

For further information concerning this matter, please call:

David Fritz

Name of Contact Person

at (239) 980-1717

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2022

SEARENITY WPR LLC
7549 WOODLAND BEND CIRCLE
FORT MYERS, FL 33912

SUBJECT: SEARENITY WPR LLC
Ref. Number: L21000472153

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

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. 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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 022A00026381

12 JAN -3 PM 12:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seareenity WPR 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:

Raymond G. Hunt

Name of Person

Seareenity WPR LLC

Firm/Company

7N982 Cloverfield Drive

Address

St. Charles, IL 60175-6838

City/State and Zip Code

rshunt5@comcast.net

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

For further information concerning this matter, please call:

Raymond G. Hunt

Name of Person

630

at (_____) _____

254-3637

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

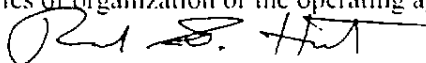
☐ \$55 Filing Fee & Certified Copy

**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: Searecity WPR LLC
2. (a) Searecity WPR LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
7N982 Cloverfield Drive
St. Charles, IL 60175-6838
11/3/2021
- (b) Searecity WPR LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
7N982 Cloverfield Drive
St. Charles, IL 60175-6838
L21000472153
3. Searecity WPR LLC
Date of filing/registration in Florida
4. Searecity WPR LLC
Document number
5. (a) Searecity WPR LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Vcorp Services, LLC
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
5011 South State Road 7, Suite 106
Davie, FL 33314
- (b) Searecity WPR LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
David M. Fritz
NEW Registered Office Address:
7549 Woodland Bend Circle
Ft. Myers, FL 33912

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.



Raymond G. Hunt

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

DAVID M. FRITZ

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

FILING FEE: \$25.00