

L22000372474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

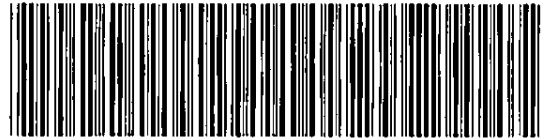
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SECRETARY OF STATE  
TALLAHASSEE, FL

Re Change

JUN 06 2024

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PINE BARRENS SOUTH RANCH, 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:

KIMBERLY SCHEFFER  
Name of Person

PINE BARRENS SOUTH RANCH  
Firm/Company

4798 N. ASH WHITE TER  
Address

CRYSTAL RIVER, FL 34428  
City/State and Zip Code

PINEBARRENSOUTH@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY SCHEFFER at ( 609 ) 661-8547  
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

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2024 MAY -1 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2024

KIMBERLY SCHEFFER  
PINE BARRENS SOUTH RANCH  
4798 N ASH WHITE TER  
CRYSTAL RIVER, FL 34428

SUBJECT: PINE BARRENS SOUTH RANCH LLC  
Ref. Number: L22000372474

We have received your document for PINE BARRENS SOUTH RANCH 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 Limited Liability Company. 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.

Diane Cushing  
Operations Manager A

Letter Number: 624A00007724

rec  
5-1

**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: PINE BARROWS SOUTH RANCH, LLC

2. (a) 4798 N. ASH WHITE TIER (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CRYSTAL RIVER \_\_\_\_\_  
FL, 34428 \_\_\_\_\_

3. 8-24-2022 4. L22000372474  
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE BL, JACKSONVILLE, FL 32202  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_. FL \_\_\_\_\_

(b) ~~KIMBERLY SCHEFFER~~ KIMBERLY SCHEFFER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4798 N. ASH WHITE TIER  
NEW Registered Office Address:

CRYSTAL RIVER, FL

\_\_\_\_\_. FL 34428

FILED  
2024 MAY 17 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, 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.

[Signature]  
Signature of a member or authorized representative of a member

KIMBERLY SCHEFFER  
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]  
Signature of Registered Agent