

W22 000 376893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

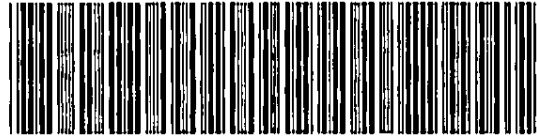
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TALLAHASSEE, FL

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2022

TRACEY STEPHENSON
513 BUENA VISTA DRIVE
NOKOMIS, FL 34275

SUBJECT: PARADISE PALMS NOKOMIS LLC
Ref. Number: L22000376893

2023 MAY 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

We have received your document for PARADISE PALMS NOKOMIS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 222A00027839

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MAY 30 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SEP - 9 2022

SUBJECT: Paradise Palms Nokomis

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:

tracey stephenson

Name of Person

Paradise palm nokomis

Firm/Company

513 buena vista drive

Address

nokomis, florida 34275

City/State and Zip Code

tracey_tcgc@yahoo.com

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

For further information concerning this matter, please call:

tracey stephenson

Name of Person

253 5089352
at (_____) _____

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

INHS18 (2/14)

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**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: Paradise palms nokomis

2. (a) _____ (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**)

513 buena vista drive

nokomis, florida 34275

8/22/2022

L22000376893

3. Date of filing/registration in Florida 4. Document number

08/22/2022

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5575 s semoran blvd

orlando, FL 32822

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(b) Dorothy Bish

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

Dorothy Bish

NEW Registered Office Address:

2423 sw open sands loop

greenville, FL 32331

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.

X Dorothy Bish
Signature of a member or authorized representative of a member

X Dorothy Bish
Printed or typed name of signer

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.

X Dorothy Bish
Signature of Registered Agent