

L220000509788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

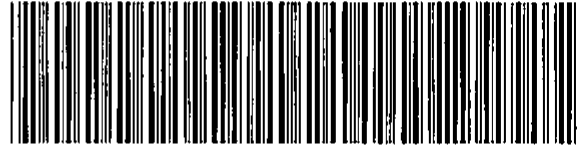
(Document Number)

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2024 APR 19 AM 10:11  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sand S Financial Partners 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:

Jerre Marvin  
Name of Person

SXS Financial Partners, LLC  
Firm/Company

7679 Victoria Cove Ct.  
Address

Fl. Myers FL 33908  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jerre Marvin at ( 239 ) 8981952  
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 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: S & S Financial Partners LLC

2. (a) 7679 Victoria Cove Ct.

Principal office address of limited liability company:

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

Ft. Myers FL 33908

(b) 7679 Victoria Cove Ct.

Mailing address of limited liability company:

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

Ft. Myers, FL 33908

3. 12/5/22  
Date of filing/registration in Florida

4. L22000509788  
Document number

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

7679 Victoria Cove Ct. ~~FT. MYERS~~  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ft. Myers, FL 33908

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

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.

Jere Mann  
Signature of a member or authorized representative of a member

Jere Mann  
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.

Jere Mann  
Signature of Registered Agent

FILED  
2024 APR 19 AM 10:12  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2024

COREY SOLICH  
7679 VICTORIA COVE CT  
FORT MYERS, FL 33908

SUBJECT: S & S FINANCIAL PARTNERS LLC  
Ref. Number: L22000509788

We have received your document for S & S FINANCIAL PARTNERS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00000945



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2024

COREY SOLICH  
7679 VICTORIA COVE CT  
FORT MYERS, FL 33908

SUBJECT: S & S FINANCIAL PARTNERS LLC  
Ref. Number: L22000509788

We have received your document for S & S FINANCIAL PARTNERS 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 REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATION, but your entity is a REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY. 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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 624A00003658

Rec 4/19