

L23 000 119 398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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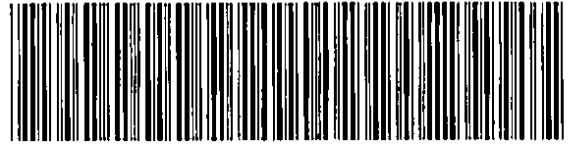
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF COMMERCE

100407795211
10/10/10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1851 GARY ROAD 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:

VICTORIA ODILE READ

Name of Person

1851 GARY ROAD LLC

Firm/Company

9713 SW 134TH PLACE

Address

MIAMI FL 33186

City/State and Zip Code

VICTORIA@THEREADS.ME

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

For further information concerning this matter, please call:

VICTORIA READ at (305) 299-3112
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

2023 FEB -5 PM 10:16
STG/PC/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: 1851 GARY ROAD LLC

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**)

1851 E GARY RD, LAKELAND FL 33801

9713 SW 134 PL, MIAMI, FL 33186

04/12/2023

L23000119398

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

5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

VICTORIA ODILE READ

NEW Registered Office Address.

9713 SW 134 PLACE

MIAMI, FL 33186

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

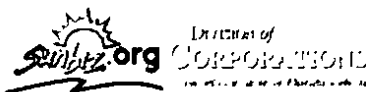
VICTORIA ODILE READ

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

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



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Detail by Entity Name

Florida Limited Liability Company
1851 GARY ROAD LLC

Filing Information

Document Number L23000119398
FEMIN Number NONE
Date Filed 03/07/2023
State FL
Status ACTIVE

Principal Address

1851 E GARY RD
LAKELAND, FL 33801

Mailing Address

9713 SW 134 PL
miami, FL 33186

Changed 04/06/2023

Registered Agent Name & Address

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE
JACKSONVILLE, FL 32202

Authorized Person(s) Detail

Name & Address

Title AMBR

READ, VICTORIA O
1851 E GARY RD
LAKELAND, FL 33801

Annual Reports

No Annual Reports Filed

Document Images

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