

L23000187030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

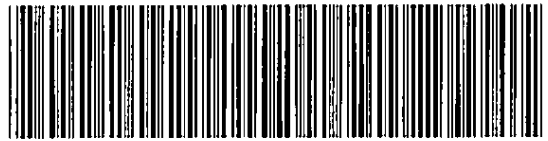
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08/09/23



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2023

RANDY LARKOWSKI  
2687 ST. JOSEPH'S DR. E  
DUNDIN, FL 34698 US

SUBJECT: DOCKSIDE VILLAS LLC  
Ref. Number: L23000187030

We have received your document for 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).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 923A00016331

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOCKSIDE VILLAS 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:

RANDY LARKOWSKI  
Name of Person

Dockside Villas LLC  
Firm/Company

5323 S. Russell St  
Address

Tampa FL 33611  
City/State and Zip Code

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

For further information concerning this matter, please call:

Randy Larkowski at ( 813 ) 857-5611  
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: Dockside Villas, LLC
2. (a) Dockside Villas LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2687 St. Josephs Dr. E.  
Dunedin, FL 34698
- (b) Dockside Villas LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
5323 S. Russell St  
Tampa FL 33611
3. 04/17/2023  
Date of filing/registration in Florida
4. L23000187030  
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 Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- Jacksonville, FL 32202
- (b) Randy Larkowski  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
5323 S. Russell St  
NEW Registered Office Address:  
Tampa, FL 33611

2023 APR -9 AM 11:17  
FILED

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.

R. Larkowski  
Signature of a member or authorized representative of a member

Randy Larkowski  
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.

R. Larkowski  
Signature of Registered Agent