## L23000207818

(Requestor's Name)							
(Address)							
(* 1881.855)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Contillation of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							
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1.6045							
LIMILS Exectform							
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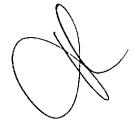
Office Use Only



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10/03/24--01015--011 \*\*2485.00







October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FORTY THIRD, LLC

Ref. Number: L23000207818

We have received your document for DOHERTY HOLDINGS FORTY THIRD LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Letter Number: 524A00022992

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

	Registration Section Division of Corporations							
SUBJE	DOHERTY HOLDINGS FORT	Y THIRD, LLC						
700,700	Name of Limited Liability Company							
Dear Sir	or Madam:							
The enc	losed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.					
Please re	cturn all correspondence concernin	g this matter to th	e following:					
Walter T	homas							
	Name of Person							
Walter T	Thomas, P.A.							
	Firm/Company			2024 1				
2549 Ry	land Falls Srive		ALLAHASSEE FL	2024 NOV -5 PM 3: 18				
	Address		—— HASS	့ တ <u>်</u>	[T			
Lakeland, Florida 33811			ου. Μ.	· 🛣	C			
	City/State and Zip Co	de						
walter@	walterthomaspa.com							
E-	mail address: (to be used for future	annual report not	ification)					
For furtl	ner information concerning this ma	tter, please call:						
Walter T	Thomas	863 at (	940-4855					
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number	- er				
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 follow	ving amount:						
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## 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.

. Na	une of the limited liability company: DOHERTY HOL	DINGS	FOF	TY THIR	D, LLC				
. (a)	2925 MALL HILL DR	í	(b) <u>[</u>	2925 MAL	L HILL DR				
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAKELAND, FL 33810	`			dailing address of (Note: MAY B) VD, FL 33810		_		-
	EARELAND, FL 33810	_	_						
	04/27/2023		L	230002078	818				
	Date of filing/registration in Florida	4.			Document nur	nber			
. (a)	WALTER THOMAS, P.A.								
. (a)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Floric	da Du	ppt, of State	· ::		c:	20	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>SS)</u>			A L	. ř.* ≥ : 	2024 NOY -5 PH 3: 18	are ideal
	Lakeland . FI	33813		_		3	ラスタインの	2	
(b)	WALTER THOMAS, P.A.						SACE TO TO	PH 3	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				•		FAI		
	2549 Ryland Falls Drive						ļ.,		
	NEW Registered Office Address:				•				
	Lakeland . FI	33811							
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability cost the lin limited	red comp mite liah	office and pany, it is d liability	I the business of hereby confirmation or a pany.	office of med that	f the re it the cl	gister nange	ed (s)
Signa	ture of a member or authorized representative of a member	_		-	Printed or typed	name of	signee		
rovisi he obl o mere	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	perforn d for in	nanc Cha	re of my d pter 605,	uties, and I an F.S. Or, if th	n famili is docur	ar with nent is	and a being	iccept filed
<u> </u>	, all								
ngnatu	re of Registered Agent								