

10/29/24, 5:38 PM

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L23000486804**

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KOONTZ & ASSOCIATES, PL
Account Number : I20220000183
Phone : (941)225-2615
Fax Number : (941)951-2618

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JOANN@KOONTZASSOCIATES.COM

LLC REGISTERED AGENT CHANGE
1875 SOMMARIE WAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

NOV - 4 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1875 SOMMARIE WAY 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:

JO ANN M. KOONTZ, ESQ.

Name of Person

KOONTZ & ASSOCIATES, PL

Firm/Company

1613 FRUITVILLE RD.

Address

SARASOTA, FL 34236

City/State and Zip Code

JOANN@KOONTZASSOCIATES.COM

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

For further information concerning this matter, please call:

JO ANN M. KOONTZ

Name of Person

at (941) 225-2615

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

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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: 1875 SOMMARIE WAY LLC

2. (a) 3527 QUIVER CT. (b) 3527 QUIVER CT.

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SARASOTA, FL 34240

SARASOTA, FL 34240

10/24/2023

L23000486804

3. Date of filing/registration in Florida

4. Document number

5. (a) BEHRMAN, KAYLA

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

4505 GOLDEN GATE CV

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BRADENTON, FL 34211

(b) KOONTZ, JO ANN M.

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

1613 FRUITVILLE RD.

NEW Registered Office Address:

SARASOTA, FL 34236

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.

Kayla Behrman
Signature of a member or authorized representative of a member

KAYLA BEHRMAN

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.

Jo Ann M. Koontz
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA