

L23000492207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

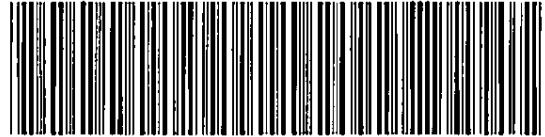
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Certificates of Status _____

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FEB - 5 2024

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24 JAN 12 PM 12:19
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREGIVERS & MOORE 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:

MOORE, CORETTA N

Name of Person

CAREGIVERS & MOORE LLC

Firm/Company

106 Hwy Park Cemetery Rd

Address

Lake Placid, FL 33852

City/State and Zip Code

coretta_moore@hotmail.com

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

For further information concerning this matter, please call:

MOORE, CORETTA N

863

214-3181

at ()

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: CAREGIVERS & MOORE LLC
2. (a) Moore Coretta N
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
106 Hwy Park Cemetery Rd
Lake Placid, FL 33852
- (b) Moore Coretta N
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. Box 17932
Clearwater, FL 33762
3. 10/27/2023 Date of filing/registration in Florida
4. L23000492207 Document number
5. (a) CAREGIVERS & MOORE LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MOORE, CORETTA N
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1208 COUGAR BLVD
SEBRING, FL 33872
- (b) CAREGIVERS & MOORE LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
MOORE, CORETTA N
NEW Registered Office Address:
106 Hwy Park Cemetery Rd
Lake Placid, FL 337852

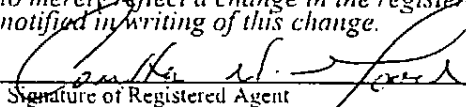
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24 JAN 12 PM 12:21
TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

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 of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAREGIVERS & MOORE LLC

Name of Limited Liability Company

Dear Sir or Madam:

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MOORE, CORETTA N

Name of Person

CAREGIVERS & MOORE LLC

Firm/Company

106 Hwy Park Cemetery Rd

Address

Lake Placid, FL 33852

City/State and Zip Code

coretta_moore@hotmail.com

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

For further information concerning this matter, please call:

MOORE, CORETTA N

at (863)

214-3181

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Division of Corporations
The Centre of Tallahassee
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Tallahassee, FL 32303

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☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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1. Name of the limited liability company: CAREGIVERS & MOORE LLC

2. (a) Moore Coretta N (b) Moore Coretta N

Principal office address of limited liability company:

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

106 Hwy Park Cemetery Rd

Lake Placid, FL 33852

Mailing address of limited liability company:

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

P.O. Box 17932

Clearwater, FL 33762

10/27/2023

L23000492207

3. Date of filing/registration in Florida

4. Document number

5. (a) CAREGIVERS & MOORE LLC

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

MOORE, CORETTA N

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1208 COUGAR BLVD

SEBRING, FL 33872

(b) CAREGIVERS & MOORE LLC

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

MOORE, CORETTA N

NEW Registered Office Address:

106 Hwy Park Cemetery Rd

Lake Placid, FL 337852

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 of a member or authorized representative of a member

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.

Signature of Registered Agent

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