

L23000519710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

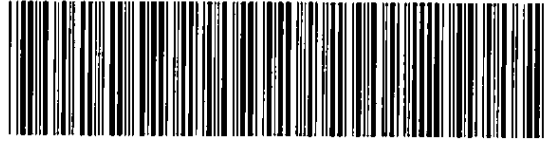
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN -3 PM 12:30

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2023

LEMAUZILY THOMAS
YOUR CAPITAL REFUNDS, LLC
2 HEMLOCK TERRACE COURSE
OCALA, FL 34472

SUBJECT: YOUR CAPITAL REFUNDS, LLC
Ref. Number: L23000519710

We have received your document for YOUR CAPITAL REFUNDS, LLC 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 LLC. Please complete and return the enclosed blank form(s).

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 823A00028676

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Capital Refunds, 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:

Lemauzily Thomas

Name of Person

Your Capital Refunds, LLC

Firm/Company

3035 SE Maricamp Rd. #104

Address

Ocala, FL 34471

City/State and Zip Code

refunds@yourcapitalrefunds.org

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

For further information concerning this matter, please call:

Lemauzily Thomas

at (352) 225-7234

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

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Tallahassee, FL

**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: Your Capital Refunds, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3035 SE Maricamp Rd. #104

Ocala, FL 34471

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3035 SE Maricamp Rd. #104

Ocala, FL 34471

11/16/2023

L23000519710

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lemauszily Thomas

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2 Hemlock Terrace Course

Ocala, FL 34472

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

NEW Registered Office Address:

3035 SE Maricamp Rd. #104

Ocala, FL 34471

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.

Mellissa Thomas
Signature of a member or authorized representative of a member

Mellissa Thomas

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.

Mellissa Thomas
Signature of Registered Agent

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2024 JAN -3 PM 12:30
TALLAHASSEE, FL