3000550954

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDING FORTY EIGHTH, LLC

Ref. Number: L23000550854

We have received your document for DOHERTY HOLDING FORTY EIGHTH, 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: 224A00023104

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations		
DOHERTY HOLDING FORTY EIGHTH, LI	LC	
SUBJECT: Name of Lin	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
	vc 🗷	2
Walter Thomas		<u> </u>
Name of Person		NOW A
Walter Thomas, P.A.	TALLAHASSEE, FL	5 PK 3: 13
Firm/Company		¥ ا دد
2549 Ryland Falls Srive	PAIL T	 သ
Address		
Lakeland, Florida 33811		
City/State and Zip Code		
walter@walterthomaspa.com		
E-mail address: (to be used for future annual report	ort notification)	
For further information concerning this matter, please c	call:	
Walter Thomas 86 at (863 940-4855	
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	it:	
■ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company: DOHERTY HO	OLDING FOI	CTY EIGHTH,	LLC				
2. (a)	2925 MALL HILL DR	(b)	2925 MALL HILL DR					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	LAKELAND, FL 33810		LAKELAND,	FL 33810				
	12/14/2023		.23000550854					
 (a) 	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.	Do	cument number				
J. (a	Registered Agent and Registered Office shown on the records 230 Doris Drive	of the Florida I	Dept. of State:		절음 33	2024		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			HVII	2024 NOV -5		
	Lakeland, 1	FL_33813			LAHASSEE,	PH	m	
(b)	WALTER THOMAS, P.A.				S [A] E, FL	မှ - သ		
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	resy:		ਜ਼	ω		
	2549 Ryland Falls Drive							
	NEW Registered Office Address:							
	Lakeland 1	FL_33811						
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an aftirmative vote of the members ticles of organization of the operating agreement of the	he registered liability con s of the limit he limited lic	l office and th ipany, it is he ed liability co	e business office reby confirmed to impany or as other	of the re	egistere hange(ed s)	
Sign	atme of a member or authorized representative of a member			nted or typed name of	of signee			
provis the ol- to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provide rely reflect a change in the registered office address, yd in writing of this change.	le performai ded för in Cl	ice of my dutic iaptèr 605, F.,	es, ánd 1 am fam SOr, if this doc	iliar witi rument is	h and a being	ccept filed	
Signat	ure of Registered Agent							

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