

L 24000365953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

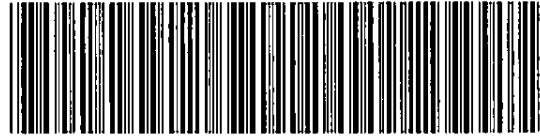
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200443765392

02/07/25--01001--024 **25.00

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2025 JAN 31 PM 2:42
SECRETARY OF STATE
HALL ANDERSON BUILDING

Bm 2/7/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2025

MS JENNS LLC
551 NW 80 AVENUE
104
MARGATE, FL 33063

SUBJECT: MS JENNS LLC
Ref. Number: L24000365953

*Please See
updated
TAX ID from
IRS*

Our records indicate the registered agent for the above named limited liability company resigned on December 3, 2024 and that the limited liability company currently does not have a registered agent designated.

Chapter 605, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

*Please Re Instate
Alphonso Tindal*

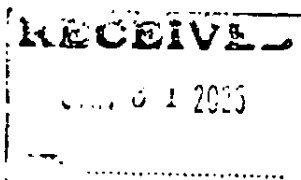
This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Division of Corporations

Letter Number: 125A00001332



*The tax id # has been
- transferred from wife's
name to Alphonso Tindal*

*See IRS Letter attached
dated 12/9/2024*

*Alphonso Tindal
designated Regis.
Agent*

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS Jenns 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:

Alphonso Tindal
Name of Person

MS Jenns LLC
Firm/Company

551 NW 80 AVE #104
Address

Margate FL 33063
City/State and Zip Code

Swavict@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alphonso Tindal at () 754 272 5110
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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SECRETARY OF CLERK
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: ms Jenns LLC

2. (a) 551 NW 80 AVE #104 (b) _____

Principal office address of limited liability company:

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

Margate Fl 33063

Mailing address of limited liability company:

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

3. 8/20/2024 4. L24000365953
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

551 NW 80 AVE #104
Margate- FL 33063

(b) Alphonso Tindal
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

551 NW 80 AVE #104
Margate- FL 33063

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.

Alphonso Tindal
Signature of a member or authorized representative of a member

Alphonso Tindal
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.

Alphonso Tindal
Signature of Registered Agent

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2025 JAN 31 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FL