

MID 000000976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

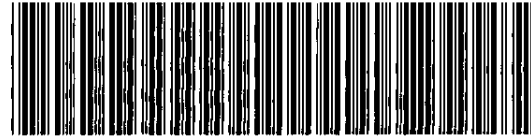
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10 NOV 30 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CHEQUERED FLAG LIMITED 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:

DAVID GUILLE

Name of Person

The Chequered Flag Limited LLC

Firm/Company

353. Higher Combe drive

Address

Davenport, FL 33897

City/State and Zip Code

T.B.A.

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

For further information concerning this matter, please call:

LEIGH GUILLE

Name of Person

at (407) 334 8755

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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 608.416 or 608.508, 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: THE CHEQUERED FLAG LIMITED LLC
2. (a) Principal office address of limited liability company: 353 Higher Combe dr
Davenport FL 33897
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 353 Higher Combe dr
Davenport FL 33897
(Note: MAY BE POST OFFICE BOX)
- 03/02/2010
3. Date of filing/registration in Florida
4. Document number M10000000976
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: DAVID GUILLE
- Registered Office Address: 353 Higher Combe dr
Davenport FL 33897
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent:
- NEW Registered Office Address: ADDRESS
(MUST BE FLORIDA STREET ADDRESS)
- UNIT 8, 1890 US Hwy 17 92
LAKE ALFRED
FL 33850

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

DAVID GUILLE

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 608, 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