

(Req	uestor's Name)	
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(City	(0)	40
(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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B. BOSTICK 'APR 2 4 2014

**EXAMINER** 

## **COVER LETTER**

SUBJECT: Woodmere Capital Group, LLC		
	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 m	natter to the following:	
Henry Rodriguez		
Name of Person	<del></del> .	
Woodmere Capital Group, LLC		
Firm/Company		
P.O. Box 579		
Address		
Osprey, FL 34229	; ; _	2014
City/State and Zip Code		: ;
hrodriguezsdc@comcast.net		(بریکار مستند در در د
E-mail address: (to be used for future annual	report notification)	; '()
For further information concerning this matter, ple	ease call:	
Brenda Creech	941 312-5996	
Name of Person	Area Code & Daytime Telephone N	lumber
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 an	nount:	
□ \$25 Filing Fee (Previously Remit	#ed) □ \$55 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.

. Na	me of the limited liability company: Woodmere Ca	pital G	roup, LLC	<u> </u>				
. (a)	1515 Ringling Blvd, #890, Sarasota,FL 34236	(b)	P.O. Bo	x 579 Ospre	579 Osprey, FL 34229			
. ( <del>u</del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	11/28/11	<u>-</u>	———— М110000	05951				
•	Date of filing/registration in Florida	4.		Document nur	nber			
. (a)	Kirk Pinkerton, P.A.							
(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	8:				
	Registered Office Address (MUST BE FLORIDA STREET AL 240 South Pineapple Ave.	ODRESS,	<u>,                                    </u>					
	Sarasota , FL 3	34229						
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office add	lress:	-	; 11	2014 12	,	
	Henry Rodriguez				,,, .	. 3	1.35	
	NEW Registered Office Address:			•	* •.	7	- 1	
	1561 Harbor Drive			<u>.</u>	· .	ن زي		
	Sarasota , FL 3	34236				<u>UJ</u>		
ne cha gent v vas/we he arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regis pility co the lim imited l	tered office mpany, it is ited liability	e and the busings hereby confir y company or a npany.	ess offic med that	e of the	e registere ange(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed	name of s	ignee		
rovisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act perform for in C ereby co	in this cape ince of my e hapter 605 infirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited lial	r agree to m familio gis docum bility com	o comp ar with nent is npany i	oly with th and acce being file has been	
ionatu	re of Registered Agent							



April 4, 2014

HENRY RODRIGUEZ POST OFFICE BOX 579 OSPREY, FL 34229

SUBJECT: WOODMERE CAPITAL GROUP, LLC

Ref. Number: M11000005951

We have received your document for WOODMERE CAPITAL GROUP, LLC and your check(s) totaling \$250.00. 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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00007309