L11000073209

(Requestor's Name)		
(Address)		
. (Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ACCUTEK FAC	TOTCY OUTLET LLC 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:			
EDWAKD CHOCH Name of Person	DEC		
Accutek Factory Outlet, LLC Firm/Company			
1421 Jetport Loop STE 1			
Fort Myers, FL 33913 City/State and Zip Code			
E-mail address: (to be used for future annual report potification)			
For further information concerning this matter, please call:			
Davren Chocholek at (760) 598 6500 Name of Person 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		

INHS18 (2/14)



August 13, 2014

EDWARD CHOCHOLEK ACCUTEK FACTORY OUTLET, LLC 14231 JETPORT LOOP SUITE 1 FORT MYERS, FL 33913 US

SUBJECT: ACCUTEK FACTORY OUTLET LLC

Ref. Number: L11000073209

We have received your document for ACCUTEK FACTORY OUTLET 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):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Tina D Carter Regulatory Specialist

Letter Number: 914A00017407







July 9, 2014

EDWARD CHOCHOLEK ACCUTEK FACTORY OUTLET, LLC 14231 JETPORT LOOP STE 1 FORT MYERS, FL 33913 US

SUBJECT: ACCUTEK FACTORY OUTLET LLC

Ref. Number: L11000073209

We have received your document for ACCUTEK FACTORY OUTLET 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):

You must list the current registered agent in section 5.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Tina D Carter Regulatory Specialist

Letter Number: 514A00014754





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2014

DARREN CHOCHOLEK ACCUTEK FACTORY OUTLET, LLC 2685 S. MELROSE DRIVE VISTA, CA 92081 US

SUBJECT: ACCUTEK FACTORY OUTLET LLC

Ref. Number: L11000073209

We have received your document for ACCUTEK FACTORY OUTLET 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 above listed entity is a Florida Limited Liability Company and the document submitted is for a Florida Corporation. The correct document is enclosed.

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.

Tina D Carter Regulatory Specialist

Letter Number: 314A00012764

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 Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Date of filing/registration in Florida Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address ,FL_ 339/3 Fort Myers 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. CHUCHOLEK Signature of a number or authorized representative of a member 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 charge.