

L12 000036874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

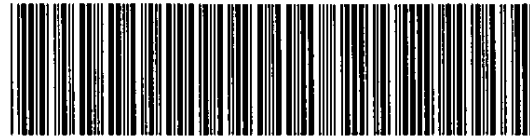
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2013

ALEXANDER THURDEKOOS  
715 BLOOM ST. #130  
CELEBRATION, FL 34747

SUBJECT: LABAR LLC  
Ref. Number: L12000036874

We have received your document for LABAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 913A00016200

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LABAR, 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:

Alexander ThurdeKoos

Name of Person

LABAR, LLC

Firm/Company

715 Bloom St. #130

Address

Celebration, FL 34747

City/State and Zip Code

gatorkoos@gmail.com

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

For further information concerning this matter, please call:

Alex ThurdeKoos at ( 404 ) 275-1687

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

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**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: LABAR, LLC

2. (a) Principal office address of limited liability company: 715 Bloom Street, Suite 130  
Celebration, Florida 34747  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 715 Bloom Street, Suite 205  
Celebration, Florida 34747  
**(Note: MAY BE POST OFFICE BOX)**

03/15/2012

L12000036874

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: Alexander ThurdeKoos

Registered Office Address: 1241 Aquila Loop  
Celebration, Florida 34747

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

**NEW Registered Agent:** Alexander ThurdeKoos

**NEW Registered Office Address:** 715 Bloom Street, Suite 130  
**(MUST BE FLORIDA STREET ADDRESS)** Celebration, FL 34747

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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]  
Signature of a member or authorized representative of a member

Alexander ThurdeKoos  
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]  
Signature of Registered Agent

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