

L12000005934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

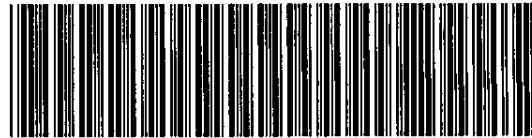
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 FEB 20 PM 4:28

FEB 21 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 27 Concert Group
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:

William J. Strickler

Name of Person

Firm/Company

2857 Lafayette Trace Dr

Address

St. Cloud, FL 34772

City/State and Zip Code

wstrickler@mac.com

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

For further information concerning this matter, please call:

William J. Strickler

Name of Person

at (407)

240-4040

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 FEB 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 9, 2012

WILLIAM J STICKLER
2857 KAFAYETTE TRACE DR
ST CLOUD, FL 34772

SUBJECT: 27 CONCERT GROUP LLC
Ref. Number: L12000005934

We have received your document for 27 CONCERT GROUP 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):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 612A00005771

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: 27 Concert Group LLC

2. (a) Principal office address of limited liability company: 365 Taft-Vineland Rd

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

Suite 101
Orlando, FL 32824

(b) Mailing address of limited liability company: 365 Taft-Vineland Rd

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

Suite 101
Orlando, FL 32824

1/12/2012
3. Date of filing/registration in Florida

L12000005934
4. Document number

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

Registered Agent: Amanda Self

Registered Office Address: 706 South Mills Avenue
Orlando, FL 32801

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

NEW Registered Agent: Doug Strickler

NEW Registered Office Address: 1412 Watts Ave
(MUST BE FLORIDA STREET ADDRESS)
Orlando, FL 32809

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

William J. Strickler

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 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

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