

LO1000022170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

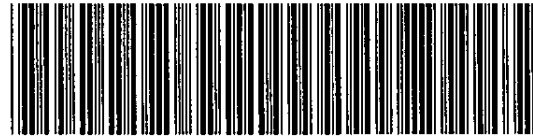
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900237468129

07/30/12--01031--030 \*\*35.00

2012 AUG 21 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

AUG 22 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2012

DONALD KLEINHANS  
347 OAK RIDGE PARKWAY  
ARNOLD, MO 63010

SUBJECT: 2626 N. BROADWAY MANAGEMENT, LLC  
Ref. Number: L01000022170

We have received your document for 2626 N. BROADWAY MANAGEMENT, 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):

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 012A00020086

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2112 AUG 21 PM 2:16

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2626 N. Broadway Management, 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:

Donald A. Kleinhan  
Name of Person

2626 N. Broadway Management, LLC  
Firm/Company

2626 N. Broadway  
Address

ST. LOUIS, MO 63102  
City/State and Zip Code

Connie@PurePleasuremgmt.com  
E-mail address: (to be used for future annual report notification)

2617 AUG 21 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Connie Kleinhan at (314) 496-6706  
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 (5/08)

Please refund \$10 from  
\$35 payment made  
to the above name & address

**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: 2626 N. Broadway Management LLC

2. (a) Principal office address of limited liability company:

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

2626 N. Broadway  
St. Louis, MO  
63102

(b) Mailing address of limited liability company:

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

347 Oakridge Pkwy  
Arnold, MO  
63010

3. Date of filing/registration in Florida

12/17/2001

4. Document number

L01000022170

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

Registered Agent:

AT Corporation System

Registered Office Address:

1200 South Pine Island Rd  
Plantation, FL  
33324

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

**NEW** Registered Agent:

Judith Centore

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

608 Orange Lawn Dr.  
Valrico  
FL 33594

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

DONALD KLEIN HANS  
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