

L13 0000 39257

(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

October 22, 2015

MARK KOMRAY, ESQ.
1882 N. TAMiami TRAIL #3434
FORT MYERS, FL 33917

SUBJECT: FTTE, LLC
Ref. Number: L13000039257

We have received your document for FTTE, 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 form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00022416

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FTTE, 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:

Mark R. Komray, Esq.

Name of Person

Attorney at Law

Firm/Company

1332 N. Tamiami Trail, #3434

Address

Fort Myers, Florida 33918

City/State and Zip Code

mrk@komraylaw.com

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

For further information concerning this matter, please call:

Mark R. Komray, Esq.

at (239)

244-2245

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

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.

1. Name of the limited liability company: FTTE, LLC

2. (a) FTTE LLC (b) FTTE, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

39450 Bermont Rd.

Punta Gorda, FL 33982

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03-15-2013

L13000039257

3. Date of filing/registration in Florida

4. Document number

5. (a) W. Jeffrey Cecil, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9132 Strada Place, 3rd Floor

Naples, FL 34108

(b) Mark R. Komray, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

39450 Bermont Rd.

Punta Gorda, FL 33982

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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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

Taurus Adventure Management, LLC

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 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 change.

[Signature]
Signature of Registered Agent

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