# L12000148908

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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7. HARRIE

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SK Re	F D / L C C e of Limited Liability Company
Ivani	e of Emilieu Elabrity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
BRADLEY GRO- Name of Person	
2645 EXECUTIVE Firm/Company	PARK DRIVE, SUITE 119
Address	
WESTON, FL	
City/State and Zip Code	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Kelly O'SHEA Name of Person	_at ( <u>305</u> ) <u>336 - 3993</u> 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)	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2016

KELLY O'SHEA 2645 EXECUTIVE PARK DRIVE, SUITE 119 WESTON, FL 33331

SUBJECT: SKR&D, LLC Ref. Number: L12000148908 7 PH 5: 01

We have received your document for SKR&D, 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 a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

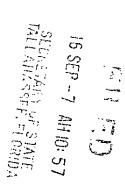
Part 5(b) has not been completed.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00015942





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2016

KELLY O'SHEA 89 CANNON RD WILTON, CT 06897

SUBJECT: SKR&D, LLC Ref. Number: L12000148908



We have received your document for SKR&D, 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, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00015942



## 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. Na	me of the limited liability company: SKR+D, LLC
2. (a)	89 CANNON RD WILTONGO
v	Principal office address of limited liability company: C7. 06893 Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	11/28/12 12000148908
3.	Date of filing/registration in Florida 4. Document number
5. (a)	OSHEA, KEUY 3101 S. OCEAN OR. #3907 Hollywaregent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  (AW OFFICE OF BRANKLY CLOSS, RA.  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1
	WESTON .FL 33331
Signa  I here provisi the oblito merinotified	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ingulations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered address, I hereby confirm that the limited liability company has been a lin writing of this change.  Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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