

L000000012886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

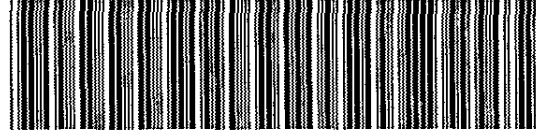
L - 12886

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Gulligan SEP 26 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2006

INV GROUP LLC
PO BOX 50593
SARASOTA, FL 34232

SUBJECT: INV GROUP LLC
Ref. Number: L00000012886

We have received your document for INV GROUP 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 wrong form was completed.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 706A00055752

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INV Group 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:

Steve King
(Name of Person)

INV GROUP LLC
(Firm/Company)

PO BOX 50593
(Address)

Sarasota, FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Steve King at (941) 379-8788
(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 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. The name of the limited liability company is: INV GROUP LLC
2. The mailing address of the limited liability company is: PO BOX 50593, SARASOTA, FL 34232

10/20/2000L00000012886

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JONATHAN D. LEINWAND PA

Name

12955 BISCAYNE BLVD., SUITE 402

Address

NORTH MIAMI, FL 33181

City, State and Zip

6. The name and address of the new registered agent and/or office:

Steve King

Name

4401 Ashton Road, Suite E

Florida street address (P.O. Box NOT acceptable)

SarasotaFL 34233

City, State and Zip

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)

Steve King

(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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TALLAHASSEE, FLORIDA