

L04000037810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR - 2 PM 2:00

C.L.
3-4-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2015

SALLY LARSON / LITESTREAM HOLDINGS LLC
500 AUSTRALIAN AVE S SUITE 120
WEST PALM BEACH, FL 33401 US

SUBJECT: LITESTREAM HOLDINGS, LLC
Ref. Number: L04000037810

We have received your document for LITESTREAM HOLDINGS, 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 LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00003262

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Litestream Holdings 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:

Sally Larson

Name of Person

Litestream Holdings LLC

Firm/Company

500 Australian Ave So #120

Address

West Palm Beach FL 33401

City/State and Zip Code

admin@rhodesholdings.net

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

For further information concerning this matter, please call:

Sally Larson at (561) 659-5400
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: Litestream Holdings LLC

2. (a) 500 Australian Ave So Suite 120

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

West Palm Beach Fl 33401

(b) 500 Australian Ave So Suite 120

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

West Palm Beach Fl 33401

05/18/2004

3. Date of filing/registration in Florida

L04000037810

4. Document number

5. (a) CorpDirect Agents

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

1200 South Pine Island Road

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

(b) Paul Rhodes

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

500 Australian Ave So., Suite 120

NEW Registered Office Address:

West Palm BEach, FL 33401

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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 of a member or authorized representative of a member

Paul Rhodes

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 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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00