

L04 0000 49055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

L04-49055

(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 8 AM 10:02

Wrong form

N. Culligan MAR - 8 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2011

SHAWN KLINE
1495 SUNRISE DRIVE
MERRITT ISLAND, FL 32952

SUBJECT: LIGHTNING SOLUTIONS, LLC.
Ref. Number: L04000049055

We have received your document for LIGHTNING SOLUTIONS, 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 811A00002169

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lightning Solutions 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:

Shawn P Kline
Name of Person

Lightning Solutions LLC
Firm/Company

1495 Sunrise Pr.
Address

Merritt Island FL 32952
City/State and Zip Code

skline@lightning-solutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Kline at (321) 302-1748
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
~~Fee~~ previously
Paid

☐ \$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. Name of the limited liability company: Lightning Solutions, LLC.
2. (a) Principal office address of limited liability company: 1495 Sunrise Dr.
Merritt Island FL 32952
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 1495 Sunrise Dr.
Merritt Island FL 32952
(Note: **MAY BE POST OFFICE BOX**)
LO4000049055

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Shawn P Kline

Registered Office Address:

17225 Park Ave

Titusville FL 32780

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

NEW Registered Agent:

Shawn P Kline

NEW Registered Office Address:

1495 Sunrise Dr.

(**MUST BE FLORIDA STREET ADDRESS**)

Merritt Island FL 32952

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.

Shawn P Kline
Signature of a member or authorized representative of a member

Shawn P Kline
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.

Shawn P Kline
Signature of Registered Agent

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

FILING FEE: \$25.00