

604000053862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

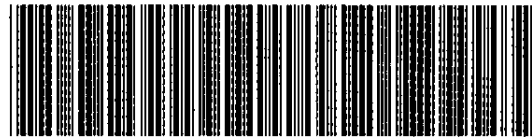
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300181465943

06/01/10--01011--014 **25.00

FILED
2010 JUN - 1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METECKI, 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:

ROBERT LANNEN

Name of Person

METECKI, LLC

Firm/Company

53 BAYMONT STREET, #4

Address

CLEARWATER, FL 33767

City/State and Zip Code

NO EMAIL ADDRESS

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

For further information concerning this matter, please call:

ROBERT LANNEN

Name of Person

at (727)

475-4154

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

FILED
2010 JUN - 1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: METECKI, LLC

2. (a) Principal office address of limited liability company: METECKI, LLC

☒ (Note: **MUST BE STREET ADDRESS**) 53 BAYMONT STREET, #4
CLEARWATER, FL 33767

(b) Mailing address of limited liability company: METECKI, LLC

☒ (Note: **MAY BE POST OFFICE BOX**) 53 BAYMONT STREET, #4
CLEARWATER, FL 33767

7/20/2004
3. Date of filing/registration in Florida

L04000053862
4. Document number

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

Registered Agent: ROBERT LANNEN

Registered Office Address: 1810 DREW STREET
CLEARWATER, FL 33756

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

NEW Registered Agent: _____

NEW Registered Office Address: 53 BAYMONT STREET, #4
(MUST BE FLORIDA STREET ADDRESS) CLEARWATER, FL 33767

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.

Robert Lannen
Signature of a member or authorized representative of a member

ROBERT LANNEN
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.

Robert Lannen
Signature of Registered Agent

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