## L04000076785

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/i Hone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Sertifica depices					
Special Instructions to Filing Officer:					

Office Use Only



800340189058

02/10/20--01618--624 ••35.66



MAR 18 2020 S. YOUNG



2020 Har 17 Mt 2:38

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2020

IVAN KRESLIN LE KRESLIN, LLC 16105 LAKEVIEW ROAD POWAY, CA 92064

SUBJECT: LE KRESLIN, LLC Ref. Number: L04000076785

We have received your document for LE KRESLIN, 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).

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) 245-6050.

Letter Number: 520A00004942

Shelia H Young Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

	Registration S Division of Co		ons				
SUBJE	ст:	E	KRESLI Na	me of Limited Li	ability 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:							
	Van	Kre Name	Of Person		<del></del> -		
LE KRESLIN, LLC Firm/Company							
	6105 1	Lake	eView ress	road	_		
Poway, CA 92064  City/State and Zip Code							
ivan Kreslin & Hotmail com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
l Va	n Kr	of Perso	on on	at (_ <i>858</i>	386 - 9486 Area Code & Daytime Telephone Number		
	Mailing Add Registration Division of C P.O. Box 632 Tallahassee,	Section Corporat 27			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303		
Enclosed is a check for the following amount:							
!	□ \$25 Filing Fee		<b>□</b> \$5	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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: LE KRESLIW, L	.LC
2 (a) 4071 76 th AUENUE NORTH (b) 1610	) S Lakeview road
Principal office address of limited liability company: Mail	ing address of limited liability company: Sote: MAY BE POST OFFICE BOX)
office Powa	- 40 (1)
PINELLAS Park, FL 33701	
, /	<u> </u>
	200076785
3. Date of filing/registration in Florida 4. Do	eument number
5. (a) Lathy Delto S  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
4071 76th AVE NORTH	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
0 ttice	2020 1
PINELLAS Park 1813378	
(b) Joan Nas	ENT CORN
Enter name of NEW Registered Agent and/or NEW Registered Office address:	OF ST
17569 Deer Islo Cir.	:37
NEW Registered Office Address:	
<del></del>	
Winter Garden . Fl. 34787	
·	
If the limited liability company is not organized under the laws of the State of Florid change or changes are made, the Florida street address of the registered office and the	e business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is he was/were authorized by an affirmative vote of the members of the limited liability or	ompany or as otherwise provided in
the articles of organization of the operating agreement of the limited liability compar	
	inted or typed name of sightee
I hereby accept the appointment as registered agent and agree to act in this capacit provisions of all statutes relative to the proper and complete performance of my duri	y. I further agree to comply with the es, and I am familiar with and accept
provisions of all statutes relative to the proper and complete performance of my duti the obligations of my position as registered agent as provided for in Chapter 605, F, to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.	s. Or, if this accument is being filed limited liability company has been
Tom Na	
Signature of Registered Agent	