

LOS 000006686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

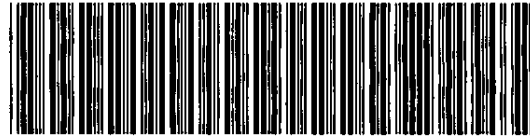
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/2/14

C.M.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ePressive 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:

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14 AUG 29 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Timothy Schroeder  
Name of Person

ePressive LLC  
Firm/Company

5131 Tildens Grove Blvd  
Address

Windermere FL 34786  
City/State and Zip Code

tim.schroeder@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Schroeder at ( 407 ) 230-6516  
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: Already sent check

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2014

EPRESSIVE, LLC  
1517 E. HILLCREST ST  
ORLANDO, FL 32803

SUBJECT: EPRESSIVE, LLC  
Ref. Number: L05000006686

We have received your document for EPRESSIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorrect form was submitted. Please submit form pursuant to 605.

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) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 414A00016604

RECEIVED  
14 AUG 29 AM 11:32  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: ePressive LLC
2. (a) ePressive LLC Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
5131 Tildens Grove Blvd  
Windermere FL 34786
- (b) ePressive LLC Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
P.O. Box 3030  
Windermere FL 34786
3. 01/21/2005 Date of filing/registration in Florida
4. L05000006686 Document number
5. (a) Smalley, Craig W, E.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1517 E. Hillcrest Street  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Orlando, FL 32803
- (b) Timothy Schroeder  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
P.O. Box 3030  
NEW Registered Office Address:  
Windermere, FL 34786

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Timothy Schroeder  
Signature of a member or authorized representative of a member

Timothy Schroeder  
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.

Timothy Schroeder  
Signature of Registered Agent