## L05000010659

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(D.					
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

INHS18 (2/14)

D: Registration Section Division of Corporations						
SUBJECT: LECRE LLC.  Name of Limited Liability Company						
Dear Sir or Madam:						
Deal Sil Ol Madaill.						
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter t	o the following:					
1 11 . 1 .						
Name of Person						
,						
Lecre LLC						
Firm/Company						
9380 NW 17th street						
Address						
Plantation FL 33322						
Plantation FL 33322 City/State and Zip Code	······································					
• \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
i han leu lecre a amail. Com E-mail address) (to be used for future annual report	notification)					
· ·						
For further information concerning this matter, please ca	и:					
lana Hunlara a	54) 668-0900					
Name of Person at (9	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					



June 18, 2015

JOAN HANLEY 9380 NW 17TH STREET PLANTATION, FL 33322

SUBJECT: LECRE, LLC Ref. Number: L05000010659

We have received your document for LECRE, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

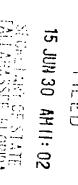
Please fill out the form correctly.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00012815



## 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. N	ame of the limited liability company: Lecre	LC		
2 (a)	9380 NW 17th ST	(h)	9380	NW 17th ST
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Plantation, FL 33322		Planta	ion, FL 33322
		_		
	6-23-19		1.05	000010659
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dant of State:	NOTE: I am not changing The registered agent only The address.
				The registered agent
	2501 John P. Lyons Lane Registered Office Address MUST BE FLORIDA STREET A	DDRESS)		only the address.
	Hallandgle, FL 33009			至一方
	,			
	, * w			H 30 N
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	<u>ress</u> :	JUH 30 AM II: 02
	9380 NW 17th ST			新 <b>为</b>
	NEW Registered Office Address:			
	Plantation, FC 333322		<del></del>	
	, FL_			
the cha agent was/w the art	simited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law companies.	the regis bility con f the limi imited li	tered office mpany, it is ted liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  Han en
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C ereby co	in this capa nce of my d hapter 605, nfirm that th	city. I juriner agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed se limited liability company has been

Signature of Registered Agent