

L05000080774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOVELAND 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:

GWEN E. SAKOLOVE
(Name of Person)

SUPEX COUPS
(Firm/Company)

7292 MAPLE RIDGE TRAIL
(Address)

BOYNTON BEACH FL 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

GWEN E SAKOLOVE at (561) 596-3986
(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*

☐ \$55 Filing Fee & Certified Copy

* PAID \$25 per attached letter.
Please return to payable to "Gwen Sakolove."



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2006

GWEN E. SAKOLOVE
SUPER COUPS
7292 MAPLE RIDGE TRAIL
BOYNTON BEACH, FL 33437

SUBJECT: LOVELAND LLC
Ref. Number: L05000080774

We have received your document for LOVELAND 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 limited liability company. 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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 406A00068704

**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. The name of the limited liability company is: LOVELAND LLC
2. The mailing address of the limited liability company is: 7292 MAPLE RIDGE TRAIL
BOYNTON BEACH FL 33437
3. Date of filing/registration in Florida 8/16/05
4. Document number 20-3315549

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATE CREATION)
Name
11380 PROSPERITY FARMS RD.
Address
PALM BEACH GARDENS FL 33410
City, State and Zip

6. The name and address of the new registered agent and/or office:

SUPER COUP) / GWEN E. SAKOLOVE
Name
7292 MAPLE RIDGE TRAIL
Florida street address (P.O. Box NOT acceptable)
BOYNTON BEACH FL 33437
City, State and Zip

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.

Gwen E. Sakolove
(Signature of a member or authorized representative of a member)

GWEN E SAKOLOVE
(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.

Gwen E. Sakolove
(Signature of Registered Agent)

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