

L05000 117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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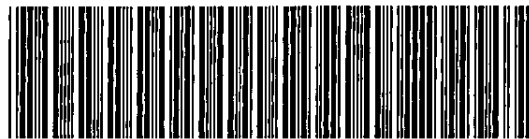
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sky Estates 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:

Joachim Grafe  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9283 Parman Rd  
(Address)

Jacksonville, FL 32222  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Joachim Grafe at (904) 807 3957  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2007

JOACHIM GRAFE  
9283 PARMON RD  
JACKSONVILLE, FL 32222

SUBJECT: SKY ESTATES LLC  
Ref. Number: L05000117869

We have received your document for SKY ESTATES 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 registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 107A000024164

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**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: Sky Estates, LLC
2. The mailing address of the limited liability company is: 9283 Parman Rd,  
Jacksonville, FL 32222  
12-12-2005
3. Date of filing/registration in Florida
4. Document number LO5000117869

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

Birgit Grafe  
Name  
5375 Ortega Farms Blvd,  
Address  
Jacksonville, FL 32210  
City, State and Zip

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

Jochim Grafe  
Name  
9283 Parman Rd  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville FL 32222  
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.

Birgit Grafe  
(Signature of a member or authorized representative of a member)

Birgit Grafe  
(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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00