

L05000118183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

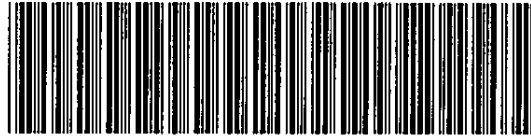
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schrittwieser Enterprises, 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:

Elaine Schrittwieser
(Name of Person)

Schrittwieser Enterprises, LLC
(Firm/Company)

4065B Village Drive
(Address)

Delray Beach FL 33445
(City/State and Zip Code)

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For further information concerning this matter, please call:

Elaine Schrittwieser at (561) 637-6722
(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
-35 Already sent in
\$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2007

ELAINE SCHRITTWIESER
4065 B VILLAGE DRIVE
DELRAY BEACH, FL 33445

SUBJECT: SCHRITTWIESER ENTERPRISES, LLC
Ref. Number: L05000118183

We have received your document for SCHRITTWIESER ENTERPRISES, 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):

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 507A0000441

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Schrittwieser Enterprises, LLC
2. The mailing address of the limited liability company is: 4065B Village Drive
Delray Beach FL 33445
- _____
- _____ 12/12/2005 _____ L05000118183
3. Date of filing/registration in Florida 4. Document number

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

LAURA R. DUNLAP
CORPORATION Name SERVICE COMPANY
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301
City, State and Zip

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

ELAINE Schrittwieser
Name
4065B Village Drive
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach FL 33445
City, State and Zip

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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.

Elaine Schrittwieser
(Signature of a member or authorized representative of a member)

ELAINE SCHRITTWIESER
(Printed or typed name of signer)

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.

Elaine Schrittwieser
(Signature of Registered Agent)

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