

L05000120885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

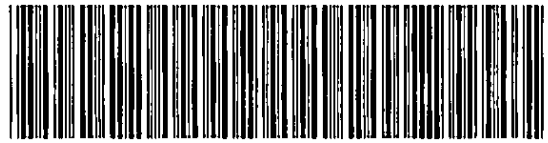
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY

DEC 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Profwessional Planning Team, 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:

Arnaldo Kluckowski

Name of Person

Professional Planning Team, LLC

Firm/Company

11200 NW 100th Street

Address

Ocala, Florida 34482

City/State and Zip Code

aldo@sbprogram.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnaldo Kluckowski at (561) 212-1401

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

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.

2. (a) _____ (b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

(same as principal address)

L05000120885

4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

875 E. Camino Real, 15D

Boca Raton, FL 33432

(same registered agent)

11200 NW 100th Street

Ocala FL 34482

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

FILING FEE: \$25.00