

L06000000404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296040541

03/03/17--01019--027 **25.00

2017 MAR -3 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
MAR 06 2017

Complex Situations...



Outside the Box Solutions

THE LAW OFFICES OF
ADAM J. STEINBERG, P.A.
Attorney at Law

March 1, 2017

VIA FEDEX

Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Fees for Registered Agent Changes

To whom it may concern:

Enclosed please find an executed Statement of Registered Office or Registered Agent or Both for Limited Liability Company along with the filing fees for same for the Limited Liability Companies listed below:

1. LMK PIPE RENEWAL, LLC /Check #1531, in the amount of \$25.00
2. LMK EQUIPMENT, LLC / Check #1532, in the amount of \$25.00

Please do not hesitate to contact our office with any questions or concerns regarding the enclosed. Thank you for your consideration in this matter.

Very truly yours,

Adam J. Steinberg

Adam J. Steinberg

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMK PIPE RENEWAL 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:

ADAM J. STEINBERG

Name of Person

ADAM J. STEINBERG, P.A.

Firm/Company

200 S ANDREWS AVENUE, SUITE 903

Address

FT. LAUDERDALE, FLORIDA 33301

City/State and Zip Code

adam@adamsteinberglaw.com

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

For further information concerning this matter, please call:

Adam J. Steinberg

Name of Person

at (**954**) **548.3357**

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

**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. Name of the limited liability company: LMK PIPE RENEWAL LLC

2. (a) 1131 NW 55TH STREET (b) 1131 NW 55TH STREET

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

FT. LAUDERDALE, FL-33309

FT. LAUDERDALE, FL-33309

JANUARY 3, 2016

L06000000404

3. Date of filing/registration in Florida 4. Document number

5. (a) LEONARD W.R.

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

633 S ANDREWS AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 402

FT. LAUDERDALE, FL 33301

(b) ADAM J. STEINBERG/ADAM J. STEINBERG, P.A

Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 S ANDREWS AVENUE

NEW Registered Office Address:

SUITE 903

FT. LAUDERDALE, FL 33301

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.

[Signature]
Signature of a member or authorized representative of a member

JOHN F. RICHART
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 603, 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]
Signature of Registered Agent

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

FILED
2017 MAR -3 A 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA