

L060000021647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

No #

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Michael Sapusek, 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:

Michael Sapusek  
Name of Person

Indubive Design Grp.  
Firm/Company

4247 SW High Meadows Ave.  
Address

Palm City, FL  
City/State and Zip Code

jisquips@a.comcast.net  
Email Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael at (772) 263-0770  
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

February 15, 2011

MICHAEL SAPUSEK  
4247 SW HIGH MEADOWS AVENUE  
PALM CITY, FL

SUBJECT: MICHAEL SAPUSEK, LLC  
Ref. Number: L06000021647

We have received your document for MICHAEL SAPUSEK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 111A00003953



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2011

MICHAEL SAPUSEK  
4247 SW HIGH MEADOWS AVENUE  
PALM CITY, FL

SUBJECT: MICHAEL SAPUSEK, LLC  
Ref. Number: L06000021647

We have received your document for MICHAEL SAPUSEK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 111A00005401

**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. Name of the limited liability company: Michael Sapusek, LLC
2. (a) Principal office address of limited liability company: Intuitive Design Grp  
4247 SW High Meadows Ave  
Palm City, FL 34990  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MAY BE POST OFFICE BOX**) Same
3. Date of filing/registration in Florida: 01/07/2010
4. Document number: L060000021647
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: The Company Corp.  
Registered Office Address: 2711 Centerville Rd  
Wilmington, DE  
19808
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Michael Sapusek  
**NEW Registered Office Address:** 4247 SW High Meadows Ave  
(**MUST BE FLORIDA STREET ADDRESS**) Palm City, FL 34990

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

MICHAEL SAPUSEK  
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.

[Signature]  
Signature of Registered Agent

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

FILED  
FEB 29 PM 1:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE