## LD6000030148

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C. LEWIS

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EXAMINER



1795 WEST NASA BLVD. (32901)
POST OFFICE BOX 1870
MELBOURNE, FL 32902-1870
TEL 321-727-8100

FAX 321-984-4122 gray-robinson.com FORT LAUDERDALE

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Miami Naples

TAMPA

Orlando Tallahassee

pat.healy@gray-robinson.com

August 17, 2011

## VIA FEDERAL EXPRESS

Ms. Carol Mustain Regulatory Specialist II Divisions of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

> Re: Letter Number 411A00008427 Reference No. L06000030148

Celovy, LLC-Reinstatement

Dear Ms. Mustain:

I am the attorney for Celovy, LLC (the "Company") and Mr. Alain LeClercq, Managing Member of the Company. It has come to our attention that on June 16, 2011 the Company was dissolved for failure to appoint and maintain a registered agent. Mr. LeClercq resides in Monaco much of the year and did not receive your correspondence. He was unaware of the resignation of the registered agent. The Company timely filed its Annual Report on March 29, 2011.

Enclosed herewith please find the following:

- Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with Cover Letter;
- Limited Liability Company Reinstatement;
- Our firm check in the amount of \$125.00 for the Reinstatement Fee (\$100) and the fee for Change of Registered Agent (\$25).

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CELOVY, LLC  Name of L	imited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning to	this matter to the following:	
Patrick F. Healy, Esq.  Name of Person		
Name of Felson		
GrayRobinson, P.A.		
Firm/Company		
1795 West NASA Boulevard		
Address		
Melbourne, Florida 32901  City/State and Zip Code		
, .		
pat.healy@gray-robinson.com  E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
Patrick F. Healy, Esq.	at ( 321 ) 727-8100	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
x \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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: CELO	OVY, LLC
2. (a) Principal office address of limited liability company	c/o Patrick F. Healy, Esq.
(Note: MUST BE STREET ADDRESS)	1795 West NASA Boulevard Melbourne, Florida 32901
(b) Mailing address of limited liability company:	c/o Patrick F. Healy, Esq.
(Note: MAY BE POST OFFICE BOX)	1795 West NASA Boulevard
·	Melbourne, Florida 32901
April 4, 2011	H110000869753
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Samuel A. Block
Registered Office Address:	None - resigned 4/4/2011
	30 S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	97 3
NEW Registered Agent:	Patrick F. Healy, Esq.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o GrayRobinson, P.A. 1795 West NASA Boulevard
	Melbourne ,FL 32901
If the limited liability company is not organized under the lonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Alain LeClercq, Managing Member  Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or lif this document is being filed to me address I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered/Agent Patrick F. Healy, Esq. Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

**FILING FEE: \$25.00**