

L06000034802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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22 OCT 27 PM 4:46
DIVISION OF CORPORATION

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Lighting Associates LLC
Name of Corporation

DOCUMENT NUMBER: 1.06000034802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Glenn Krohn, Jr.

Name of Contact Person

Florida Lighting Associates LLC

Firm/Company

475 Montgomery Place, Suite 200

Address

Altamonte Springs, FL 32714

City/State and Zip Code

glennk@floridalightingassociates.com

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

For further information concerning this matter, please call:

Glenn Krohn

at (407) 310-2579
Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS



2022 OCT 27 AM 8:25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2022

ROBERT GLENN KROHN, JR.
475 MONTGOMERY PLACE
SUITE 200
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FLORIDA LIGHTING ASSOCIATES LLC
Ref. Number: L06000034802

We have received your document for FLORIDA LIGHTING ASSOCIATES 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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 622A00023247

22 OCT 27 PM 4:46
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Lighting Associates 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:

Ann Krohn

Name of Person

Florida Lighting Associates

Firm/Company

475 Montgomery Place, Suite 200

Address

Altamonte Springs, FL 32714

City/State and Zip Code

annk@floridalightingassociates.com

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

For further information concerning this matter, please call:

Ann Krohn

Name of Person

at (407)

949-7231

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

22 OCT 27 PM 4:46

STATE
DIVISION OF CORPORATIONS

**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: Florida Lighting Associates LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>475 Montgomery Place, Suite 200</u> <u>Altamonte Springs, FL 32714</u> <u>4/4/2006</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>475 Montgomery Place, Suite 200</u> <u>Altamonte Springs, FL 32714</u> <u>L06000034802</u>
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3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Sorota, Joseph J Jr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
29750 US 19 N STE 200
Clearwater, FL 33761

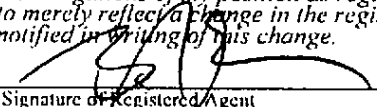
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Brian Moran
NEW Registered Office Address:
111 North Orange Avenue, Suite 900
Orlando, FL 32802-0472

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DIVISION OF CORPORATIONS

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.

<u></u> Signature of a member or authorized representative of a member	<u>Robert Glenn Krohn, Jr.</u> Printed or typed name of signer
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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 605, 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 of Registered Agent

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