

L06000079429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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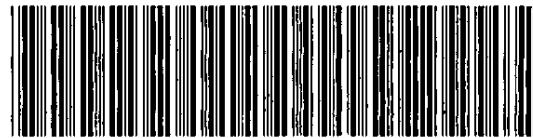
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 17 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sapphire Group 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:

Matthew McCord
(Name of Person)

Sapphire Group LLC
(Firm/Company)

3018 ALCAZAR PL #104
(Address)

Palm Beach Gardens FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew McCord at (561) 801-1746
(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

RECEIVED

08 JUL 25 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 17, 2008

MATTHEW MCCORD
3018 ALCAZAR PLACE
104
PALM BEACH GARDENS, FL 33410

SUBJECT: SAPPHIRE GROUP, LLC
Ref. Number: L06000079429

We have received your document for SAPPHIRE GROUP, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 008A00041886

**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: Sapphire Group LLC

2. (a) Principal office address of limited liability company: 3018 ALCAZAR PL #104
(Note: MUST BE STREET ADDRESS) PALM BEACH GARDENS FL 33410

(b) Mailing address of limited liability company: 3018 ALCAZAR PL #104
(Note: MAY BE POST OFFICE BOX) PALM BEACH PAW SpA FL 33410

8-11-06
3. Date of filing/registration in Florida

L06000079429
4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays street

TALLAHASSEE FL 32301-2525

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

NEW Registered Agent:

Matthew McCard

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

3018 ALCAZAR PL #104

PALM BEACH GARDENS

, FL 33410

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.

Matthew McCard

(Signature of a member or authorized representative of a member)

Matthew McCard

(Printed or typed name of signee)

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.

Matthew McCard

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32316

FILING FEE: \$25.00

FILED
08 JUL 25 PM 1:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA