

LO6000100619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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T. CLINE

AUG 22 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2012

DONALD KLEINHANS
347 OAK RIDGE PARKWAY
ARNOLD, MO 63010

SUBJECT: PURE PLEASURE OF ST. CHARLES, LLC
Ref. Number: L06000100619

We have received your document for PURE PLEASURE OF ST. CHARLES, 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.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 612A00020085

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Pleasure of St. Charles, 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:

Donald A. Kleinhans
Name of Person

Pure Pleasure of St. Charles, LLC
Firm/Company

347 Oakridge Parkway
Address

Arnold, Mo 63010
City/State and Zip Code

Connie@PurePleasuremgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Kleinhans at (314) 496-6706
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

INHS18 (5/08)

*Please issue \$10 refund
from \$35 payment made
to the above name & address*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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: Aone Pleasure of St Charles, LLC

2. (a) Principal office address of limited liability company: 347 Oakridge Parkway

(Note: **MUST BE STREET ADDRESS**)

Arnold, MO 63010

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

347 Oakridge Pkwy
Arnold, MO 63010

10/16/2006
3. Date of filing/registration in Florida

006000100619
4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Rd
Plantation, FL 33324

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

NEW Registered Agent:

Judith Centore

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

608 Orangeblawn Dr
Valrico, FL 33594

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.

Donald K. Kleinmans
Signature of a member or authorized representative of a member

DONALD KLEINMANS
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.

Judith Centore
Signature of Registered Agent

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