

LD60000118924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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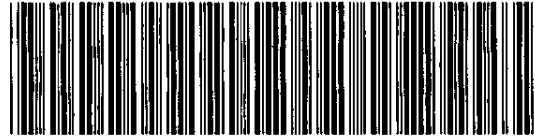
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY 21 AM 9:17

Rolchan
10/5/22/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAC PROGEAR, 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:

ROBERT LEITNER

Name of Person

TAC PROGEAR, LLC

Firm/Company

1938 HIGH RIDGE RD.

Address

BOYNTON BEACH FL. 33426

City/State and Zip Code

ROB @ TACPROGEAR.COM

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

For further information concerning this matter, please call:

ROB LEITNER

Name of Person

at (561) 265-4066

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

May 11, 2015

ROBERT LEITNER
TACPROGEAR, LLC
1938 HIGH RIDGE RD
BOYNTON BEACH, FL 33426

SUBJECT: TACPROGEAR, LLC
Ref. Number: L06000118924

We have received your document for TACPROGEAR, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 615A00009779

RECEIVED
15 MAY 21 PM 3:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: TAC PROGEAR, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

1938 HIGH RIDGE RD.
BOYNTON BEACH FL 33426

12/14/06 3. Date of filing/registration in Florida 4. LO600018924 Document number

5. (a) DAN T. LOUNSBURY, JR.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1938 HIGH RIDGE RD
BOYNTON BEACH, FL 33426

(b) ROBERT LEITNER

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

1938 HIGH RIDGE RD.
NEW Registered Office Address:

BOYNTON BEACH, FL 33426

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

DAN T. LOUNSBURY, JR.
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 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]
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAY 21 AM 9:17