

LO7000077673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

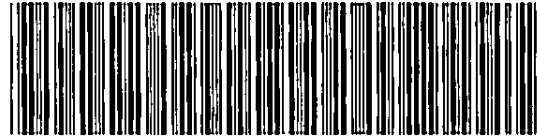
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900328445339

900328445339
04/30/19--01005--007 *\$55.00

RECEIVED

APR 29 2019

1. L. C. C.
JUN - 3 PM 5: 03
JUN 06 2019

O SIMMONS

JUN 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

MICHAEL LOADER
5000 US HWY 17, #18-264
FLEMING ISLAND, FL 32003

SUBJECT: LSAPROS, LLC
Ref. Number: L07000077673

We have received your document for LSAPROS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 019A00009418

RECEIVED

JUN 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSApros, 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:

Michael J Loader

Name of Person

LSApros, LLC

Firm/Company

5000 US Hwy 17, #18-264

Address

Fleming Island, FL 32003

City/State and Zip Code

michael.loader@lsapros.com

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

For further information concerning this matter, please call:

589-8581

Michael J Loader

at (904)

~~89-8581~~

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

**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: LSApros, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5000 US Hwy 17, #18-264

Fleming Island, FL 32003

7/27/2007

L07000077673

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:

Corporation Service Company

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 Hays St

Tallahassee, FL 32301

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

Michael J Loader

NEW Registered Office Address:

5000 US Highway 17, #18-264

Fleming Island, FL 32003

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.

Michael J Loader
Signature of a member or authorized representative of a member

Michael J Loader

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 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.

Michael J Loader
Signature of Registered Agent