

LOT 0000 90463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

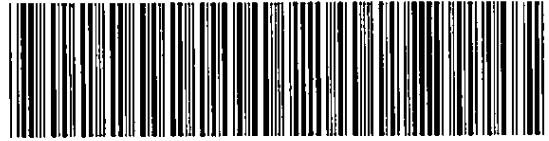
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/2023 11:34 AM

2023/11/03 PM 3:44

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2023

CLAUDINE L BROOKS
14520 LARKSPUR LANE
WELLINGTON, FL 33414

SUBJECT: KEITH RACKESH SHARPE, LLC
Ref. Number: L07000090463

2023 MAR 23 PM 3:44

We have received your document for KEITH RACKESH SHARPE, 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 REGISTERED AGENT CHANGE FOR A CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

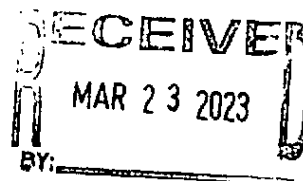
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 423A00005781



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEITH RACKESH SHARPE 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:

CLAUDINE L BROOKS
Name of Person

KEITH RACKESH SHARPE, LLC
Firm/Company

14520 LARKSPUR LANE
Address

WELLINGTON FL 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

CLAUDINE L BROOKS at (561) 431 4344
Name of Person 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

2023 MAR 23 PM 3:44

**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: KEITH RAKESH SHARPE LLC

2. (a) 14520 LARKSPUR LANE (b) 14520 LARKSPUR LN

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

WELLINGTON FL 33414

WELLINGTON FL 33414

3. 09/05/2007 4. LD7000090463
Date of filing/registration in Florida Document number

5. (a) KEITH SHARPE R - RESIGNED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

14520 LARKSPUR LANE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WELLINGTON FL 33414

_____, FL _____

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

14520 LARKSPUR LN
NEW Registered Office Address

WELLINGTON FL 33414

_____, FL _____

2023-09-05 PM 3:44

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

KEITH SHARPE R - MGR
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.

Claudia Brooks
Signature of Registered Agent