

W0700004778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

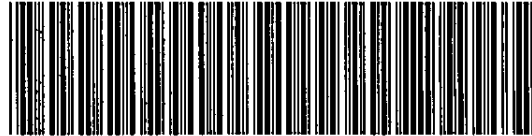
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286276814

05/31/16--01020--014 **25.00

SECRET
OFFICE OF THE
TALLAHASSEE
16 MAY 31 PM 5:09

JUN 03 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LERIVAP II, 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:

Peter Betz

Name of Person

Monterey Management Consulting

Firm/Company

1415 Panther Lane Ste 354

Address

Naples, FL 34109

City/State and Zip Code

pbetz7686@gmail.com

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

For further information concerning this matter, please call:

Peter Betz

at (**239**)

593-6137

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

16 MAY 31 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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: LERIVAP II,LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

1415 Panther Lane Ste 354

Naples, FL 34109

Mailing address of limited liability company:

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

1415 Panther Lane Ste 354

Naples, FL 34109

5/23/2016

L07000094798

3. Date of filing/registration in Florida

4. Document number

5. (a) Linda Levin

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

501 Goodlette Road N, D-100

Naples, FL 34102

(b) Linda Levin

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

NEW Registered Office Address:

1415 Panther Lane Ste 354

Naples, FL 34109

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.

Linda Levin

Signature of a member or authorized representative of a member

Linda Levin

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.

Linda Levin

Signature of Registered Agent

SECRETARY OF STATE
FILED
16 MAY 31 PM 5:09