

LO7000111424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

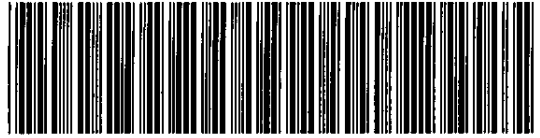
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCURATE TITLE & ESCROW LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SCOTT KOTTON
(Contact Person)

ACCURATE TITLE & ESCROW LLC
(Firm/Company)

3840 NE 14th ST 408
(Address)

Pompano Beach FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT KOTTON at (954) 647-2139
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

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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. The name of the limited liability company is: ACCURATE TITLE & ESCROW LLC
2. The mailing address of the limited liability company is: 2846 NE 14th ST 408
Pompano Beach FL 33062
3. Date of filing/registration in Florida: 1.12.07
4. Document number: LO700011424
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

James T Kulan
Name
2846 NE 14th ST 408
Address
Pompano Beach FL 33062
City, State and Zip

6. The name and address of the new registered agent and/or office:

Scott Kothan
Name
3159 Carambola Ct, 500
Florida street address (P.O. Box NOT acceptable)
COCONUT CREEK FL 33066
City, State and Zip

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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.

Scott Kothan
(Signature of a member or authorized representative of a member)

SCOTT KOTHAN
(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.

Scott Kothan
(Signature of Registered Agent)

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