

LD7000118648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

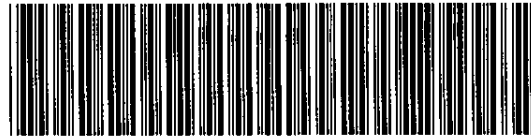
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 NOV 20 AM 10:36

C. LEWIS
Nov 21, 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2012

HAROLD BOGATZ / KIRKBY ACORN GROUP LLC
6436 COSTA CIR
NAPLES, FL 34113

SUBJECT: KIRKBY ACORN GROUP LLC
Ref. Number: L07000118648

We have received your document for KIRKBY ACORN GROUP 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):

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

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00026569

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kirkby Acorn Group 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:

Harold Bogatz

Name of Person

Kirkby Acorn Group LLC

Firm/Company

6436 Costa Circle

Address

Naples, FL 34113

City/State and Zip Code

haroldb@ippe.com

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

For further information concerning this matter, please call:

Jennifer Zimmer

Name of Person

at (609) 838-6055

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 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. Name of the limited liability company: Kirkby Acorn Group LLC

2. (a) Principal office address of limited liability company: _____

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

6436 Costa Circle
Naples, FL 34113

(b) Mailing address of limited liability company: _____

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

17A Marlen Drive
Hamilton, NJ 08691

11/26/07

3. Date of filing/registration in Florida

L07000118648

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Harold Bogatz

Registered Office Address:

6711 Crowned Eagle Lane
Naples, FL 34113

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

NEW Registered Agent: _____

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

6436 Costa Circle
Naples, FL 34113

_____, FL _____

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.

Harold Bogatz
Signature of a member or authorized representative of a member

Harold Bogatz
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.

Harold Bogatz
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00