

L08000004328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

APR - 9 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2008

BRIAN M. SMITH
633 N. FRANKLIN ST. 6TH FLOOR
TAMPA, FL 33602

SUBJECT: LCG CAPITAL HOLDINGS, LLC
Ref. Number: L08000004328

We have received your document for LCG CAPITAL HOLDINGS, 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.

Please return your document, along with a copy of this letter, within 10 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 708A00016827

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCG Capital Holdings, 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:

BRIAN M. SMITH
(Name of Person)

LCG CAPITAL HOLDINGS, LLC.
(Firm/Company)

633 N. FRANKLIN ST., 6TH FLOOR
(Address)

TAMPA, FL 33602
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BRIAN M. SMITH at (813) 226-2800
(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 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: LCG CAPITAL HOLDINGS, LLC.
2. The mailing address of the limited liability company is: 633 N. FRANKLIN
ST., 6TH FLOOR TAMPA, FL 33602
3. Date of filing/registration in Florida 1/11/2008
4. Document number LO8000004328

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BRENT JONES, ESQ
Name
1801 HIGHLAND AVE
Address
TAMPA, FL 33602
City, State and Zip

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

BRIAN M. SMITH
Name
633 N. FRANKLIN ST.
Florida street address (P.O. Box NOT acceptable)
TAMPA, FL 33602
City, State and Zip

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2008 APR -18 P 1:35
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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.

Emanuel J. Xenick
(Signature of a member or authorized representative of a member)

Emanuel J. Xenick
(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.

[Signature]
(Signature of Registered Agent)

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

FILING FEE: \$25.00