

LA 8000106876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LA 8000106876

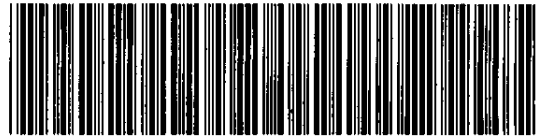
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 28 AM 9:57

FILED

N. Collins DEC 29 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Puppy Homes 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:

Eyal Elencweig

Name of Person

Puppy Homes LLC

Firm/Company

POB 55

Address

Alpine NJ, 07620

City/State and Zip Code

Flywheeler@gmail.com

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

For further information concerning this matter, please call:

Eyal Elencweig

Name of Person

at (201)

768 2502

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2009

EYAL ELENCWEIG
PO BOX 55
ALPINE, NJ 07620

SUBJECT: PUPPY HOMES, LLC
Ref. Number: L08000106876

We have received your document for PUPPY HOMES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00036783

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: Puppy Homes LLC

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



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

621 Cape Coral Pkwy E Suite 19
Cape Coral, FL 33904

(b) Mailing address of limited liability company: _____



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

POB 55
Alpine NJ, 07620

11/18/2008

3. Date of filing/registration in Florida

4. Document number

L08000106878

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

Registered Agent:

KEDEM, ILAN

Registered Office Address:

1423 SE 10TH STREET UNIT 1
CAPE CORAL FL 33990

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

NEW Registered Agent:

James Grimm

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Pelicans Nest Realty Services LLC

621 Cape Coral Pkwy E Suite 19,

Cape Coral, FL 33904

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.

Eyal Elencweig
Signature of a member or authorized representative of a member

Eyal Elencweig

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