

LD8000113370

Knight Gator LLC

PO Box 771000

Winter Garden, FL 34777

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -6 AM 11:26

T. HAMPTON

OCT -7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knight Gator 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:

Jeffrey Sedloff
Name of Person

Knight Gator LLC
Firm/Company

PO Box 771000
Address

Winter Garden, FL 34777
City/State and Zip Code

Jeff@jcl3.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Dum at (321) 299-8913
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
(Already paid)

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 OCT -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 30, 2009

KNIGHT GATOR LLC
P O BOX 771000
WINTER GARDEN, FL 34777

SUBJECT: KNIGHT GATOR LLC
Ref. Number: L08000113370

We have received your document for KNIGHT GATOR 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00031796

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: Knight Gator LLC

2. (a) Principal office address of limited liability company: 2455 Maguire Rd.

☒ (Note: **MUST BE STREET ADDRESS**) Windermere, FL 34786

(b) Mailing address of limited liability company: PO Box 771000

☒ (Note: **MAY BE POST OFFICE BOX**) Winter Garden, FL 34777

12/11/2008
3. Date of filing/registration in Florida

L08000113370
4. Document number

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

Registered Agent:

Jeffrey Sedloff

Registered Office Address:

2455 Maguire Rd.
Windermere, FL 34786

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

NEW Registered Agent:

Jeffrey Sedloff

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

132 West Plant Street
Suite 206
Winter Garden, FL 34787

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.

Signature of a member or authorized representative of a member

Jeffrey A. Sedloff
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 of Registered Agent

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