L09000005530

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
	# 1
(Business Entity Name)	* * * * * * * * * * * * * * * * * * * *
(Document Number)	:
Certified Copies Certificates of Status _	<u>;</u>
Special Instructions to Filing Officer:	•

A. LUNT

SEP 11 2009

EXAMINER

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2009 SEP 10 PM 3: 03
SECRETARY OF STATE
TALLAHASSEE, FI ORIE,



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2009

GEORGE KAUPER 3180 STIRLING ROAD HOLLYWOOD, FL 33021

SUBJECT: W CAPITAL GROUP 115, LLC

Ref. Number: L09000005530

We have received your document for W CAPITAL GROUP 115, LLC and your check(s) totaling \$225.00. However, the enclosed document has not been and is being returned for the following correction(s):

GEORGE KAUPER is not listed as the registered agent JOSH BENNETT is listed as the registered agent.

The registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 509A00028914

COVER LETTER

TO: Registration Section Division of Corporations			
•			
SUBJECT: W CAPITAL GROUP 115, LLC			
Name of Limited Liability Company			
Dear Sir or Madam:			
Dear Sir of Madain.			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CEORGE KAUPER Name of Person			
W CAPITAL GROUP			
Firm/Company			
3180 STIRLING ROAD			
Address			
HOLLYWOOD, FL 33021 City/State and Zip Code			
kauper@gmail.com			
kauper@gmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
at (954) 374-8944			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
✓ \$25 Filing Fee \$25 Filing Fee & Certified Conv			

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: W	CAPITAL GROUP 115, LLC		
2. (a) Principal office address of limited liability compan	iy:		
(Note: MUST BE STREET ADDRESS)	3180 STIRLING ROAD HOLLYWOOD, FL 33021		
(b) Mailing address of limited liability company:	Fig. 3		
(Note: MAY BE POST OFFICE BOX)	3180 STIRLING ROAD 日本		
4/13/09	L0900005530		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	GEORGE KAUPER		
Registered Office Address:	4611 SOUTH UNIVERSITY DRIVE 405 DAVIE, FL 33328		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	George Kauper		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3180 STIRLING ROAD HOLLYWOOD ,FL33021		
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			
GEORGE KAUPER Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.		

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