

L09000030248

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GKM Consulting 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:

Greg Capello

Name of Person

GKM Consulting LLC

Firm/Company

8522 Bassett Ct

Address

Riverview, Florida, 33578

City/State and Zip Code

gcapello123@gmail.com

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

For further information concerning this matter, please call:

Greg Capello

Name of Person

at (813)

335-6648

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

July 22, 2016

GREG CAPELLO
8522 BASSETT CT
RIVERVIEW, FL 33578

SUBJECT: GKM CONSULTING LLC
Ref. Number: L09000030248

2016 AUG 19 PM 1:11
TALLAHASSEE, FLORIDA

We have received your document for GKM CONSULTING 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00015426

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: GKM Consulting LLC

2. (a) 8522 Bassett Ct, Riverview FL 33578 (b) SAME

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

03/27/2009

L09000030248

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:

Greg Capello

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5917 Printery St, Tampa, FL 33616

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

Greg Capello

NEW Registered Office Address:

8522 Bassett Ct, Riverview, FL 33578

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

Greg Capello

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 605, 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**

FILED
16 AUG 19 PM 12:11
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TALLAHASSEE, FLORIDA