

L09000073687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

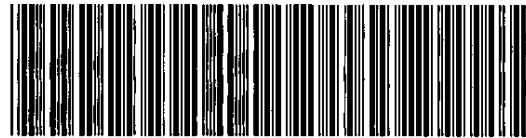
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 AUG 13 PM 4:02

FILED

C. LEWIS

AUG 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2010

RYLAR INNOVATIONS GROUP, LLC  
ATTN: JACK SUMLIN  
11216 N. TAMIAMI TRAIL, SUITE 114  
NAPLES, FL 34110

SUBJECT: RYLAR INNOVATIONS GROUP, LLC  
Ref. Number: L09000073687

We have received your document for RYLAR INNOVATIONS GROUP, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 410A00018725

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RYLAR INNOVATIONS GROUP, 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:

JACK SUMLIN  
Name of Person

RYLAR INNOVATIONS GROUP, LLC  
Firm/Company

11216 TAMiami TRAIL N., STE. 114  
Address

NAPLES, FL 34110  
City/State and Zip Code

JSUMLIN@RYLAR.US  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK SUMLIN at ( 239 ) 821-6767  
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. Name of the limited liability company: RYLAR INNOVATIONS GROUP, LLC

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



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

11216 TAMiami TRAIL N.  
SUITE 114  
NAPLES, FL 34110

(b) Mailing address of limited liability company:



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

07 / 31 / 2009

3. Date of filing/registration in Florida

L 09000073687

4. Document number

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

Registered Agent:

LINDA R. MINCK, ESQUIRE

Registered Office Address:

9132 STRADA PLACE, 3RD FLOOR  
NAPLES, FL 34108

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

**NEW** Registered Agent:

JACK SUMLIN

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11216 TAMiami TRAIL NORTH  
STE. 114  
NAPLES, FL 34110

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 member or authorized representative of a member

JACK SUMLIN

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

FILED  
AUG 13 PM 4:00  
TALLAHASSEE, FLORIDA