

LD9000099622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

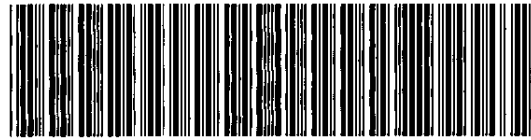
LD9-99622

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORKLIFT MASTERS, 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:

MARK R KOLMETZ

Name of Person

FORKLIFT MASTERS, LLC

Firm/Company

10151 UNIVERSITY BLVD, STE 149

Address

ORLANDO FL. 32817

City/State and Zip Code

INFO@FORKLIFTMASTERS.COM

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

For further information concerning this matter, please call:

MARK KOLMETZ

Name of Person

at (407) 678-5438

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

August 20, 2010

MARK R KOLMETZ
10151 UNIVERSITY BLVD., STE. 149
ORLANDO, FL 32817

SUBJECT: FORKLIFT MASTERS, LLC
Ref. Number: L09000099622

We have received your document for FORKLIFT MASTERS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 110A00020061

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: FORKLIFT MASTERS, LLC

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



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

10736 HARKWOOD BLVD
ORLANDO, FL. 32817

(b) Mailing address of limited liability company: _____



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

PO Box 520217
LONGWOOD, FL. 32752
LO9000099622

OCTOBER 15, 2009

3. Date of filing/registration in Florida

4. Document number LO9000099622

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

Registered Agent: _____

MARK R KAMOTZ

Registered Office Address: _____

10151 UNIVERSITY BLVD STE 149
ORLANDO, FL. 32817

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

NEW Registered Agent: _____

MARK R KAMOTZ

NEW Registered Office Address: _____

(MUST BE FLORIDA STREET ADDRESS)

FORKLIFT MASTERS
10151 UNIVERSITY BLVD STE 149
ORLANDO, FL. 32817

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

MARK R KAMOTZ

Printed or typed name of signer

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