

LD9000102088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Callahan JAN - 3 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Sky Research 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:

Wayne K. Ekren, Esq.

Name of Person

Ekren Law, LLC

Firm/Company

9330 Regency Park Blvd

Address

Port Richey, FL 34668

City/State and Zip Code

wayne@ekrenlaw.com

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

For further information concerning this matter, please call:

Wayne K. Ekren, Esq.

Name of Person

at (727)

845-0700

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:

paid by Bonnie Deenstet

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2011

WAYNE K. EKREN, ESQ.
EKREN LAW, LLC
9330 REGENCY PARK BLVD
PORT RICHEY, FL 34668

SUBJECT: BLUE SKY RESEARCH GROUP, LLC
Ref. Number: L09000102088

We have received your document for BLUE SKY RESEARCH GROUP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 511A00028539

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: Blue Sky Research Group, LLC

2. (a) Principal office address of limited liability company: 21 N Safford Ave

(Note: MUST BE STREET ADDRESS)

Tarpon Springs, FL 34689

(b) Mailing address of limited liability company: 21 N Safford Ave

(Note: MAY BE POST OFFICE BOX)

Tarpon Springs, FL 34689

October 22, 2009

3. Date of filing/registration in Florida

L09000102088

4. Document number

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

Registered Agent:

Daniel Jenkin

Registered Office Address:

1690 Seascapes Circle
Tarpon Springs, FL 34689

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

NEW Registered Agent:

Wayne K. Ekren, Esq.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Ekren Law, LLC

9330 Regency Park Blvd

Port Richey, FL 34668

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.

Bonnie Reenstra
Signature of a member or authorized representative of a member

Bonnie Reenstra

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]
Signature of Registered Agent

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