

109000115942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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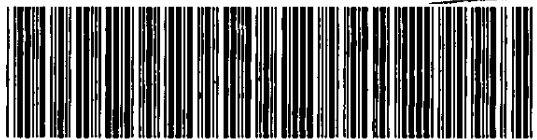
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 6 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2010

ANDREA STOECKER
234 DAVID AVE.
LEHIGH ACRES, FL 33936

SUBJECT: AMCHE, LLC
Ref. Number: L09000115942

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -5 PM 12:56

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We have received your document for AMCHE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 410A00006716

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMCHE, 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:

Andrea Stoecker
Name of Person

AMCHE, LLC
Firm/Company

234 David Ave.
Address

Lehigh Acres, FL 33936
City/State and Zip Code

ag.lla@hotmail.com
E-mail address: (to be used for future annual report notification)

FILED
10 APR -5 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Andrea Stoecker at (239) 410-5574
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: AMCHE, LLC

2. (a) Principal office address of limited liability company: 234 David Ave
☒ (Note: **MUST BE STREET ADDRESS**) Lehigh Acres, FL 33936

(b) Mailing address of limited liability company:
☐ (Note: **MAY BE POST OFFICE BOX**) _____

01-01-2010
3. Date of filing/registration in Florida

LO9000115942
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Hartwich, Jürgen H
Registered Office Address: 1110 SW 28th Street
Cape Coral FL 33914

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Andrea Stoecker
NEW Registered Office Address: 234 David Ave.
(MUST BE FLORIDA STREET ADDRESS) Lehigh Acres, FL 33936

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
CLAUDIA ELIER-WEWERKA
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.

A. Stoecker
Signature of Registered Agent

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