

L100000010388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR 28 2010

EXAMINER

Office Use Only



300172973233

04/02/10--01048--015 **35.00

FILED
10 APR 27 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDK Trust, 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:

Brianna Koopmans

Name of Person

Beyond Payroll

Firm/Company

937 Banyan Drive

Address

Delray Beach, FL 33483

City/State and Zip Code

bri@beyondpayroll.com

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

For further information concerning this matter, please call:

Brianna Koopmans

Name of Person

at (954)

756-5191

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

* Fee of \$35 was already cashed with my previous request.
INHS18 (5/08) the check was not returned with my
original documentation. A refund of \$10
is owed to me.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2010

BRI KOOPMANS
BEYOND PAYROLL, INC.
937 BANYAN DRIVE
DELRAY BEACH, FL 33483

SUBJECT: CDK TRUST, LLC
Ref. Number: L10000010388

We have received your document for CDK TRUST, 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 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 010A00008559

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: CDK Trust, LLC

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



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

937 Banyan Drive
Delray Beach, FL 33483

(b) Mailing address of limited liability company: _____



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

937 Banyan Drive
Delray Beach, FL 33483

January 27, 2010
3. Date of filing/registration in Florida

L10000010388
4. Document number

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

Registered Agent: Corey Koopmans

Registered Office Address: 1609 NE 4th CT
Fort Lauderdale, FL 33031

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

NEW Registered Agent: Corey Koopmans

NEW Registered Office Address: 937 Banyan Drive
(MUST BE FLORIDA STREET ADDRESS) Delray Beach, FL 33483

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

Corey Koopmans, MGRM

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

**Attached please find image of Cashed Check.*

FILED
10 APR 27 PM
SECRETARY OF
TALLAHASSEE, FL