

L10000014382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

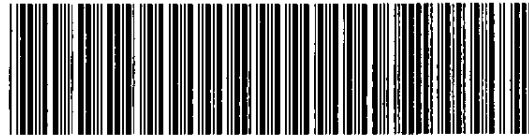
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 11 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2011

ADAM SCHOLL
8501 ASTRONAUT BLVD STE. 5311
CAPE CANAVERAL, FL 32920

SUBJECT: CEREMARK LLC
Ref. Number: L10000014382

We have received your document for CEREMARK 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.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 111A00002636

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEREMARK 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:

ADAM SCHOLL

Name of Person

CEREMARK LLC

Firm/Company

8501 ASTRONAUT BLVD STE. 5311

Address

CAPE CANAVERAL, FL: 32920

City/State and Zip Code

ASCHOLL@CEREMARKCREATIONS.COM

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

For further information concerning this matter, please call:

EVAN PETERSON

Name of Person

at (248)

396-2161

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

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TALLAHASSEE, FLORIDA

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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: CEREMARK LLC

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

(Note: MUST BE STREET ADDRESS)

8501 ASTRONAUT BLVD. STE. 5311
CAPE CANAVERAL, FL. 32920

(b) Mailing address of limited liability company:

CEREMARK LLC

(Note: MAY BE POST OFFICE BOX)

8501 ASTRONAUT BLVD. STE. 5311
CAPE CANAVERAL, FL. 32920

2/5/10

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

ADAM SCHOLL

Registered Office Address:

CEREMARK LLC
1401 RIVERPLACE BLVD. APT. 1707
JACKSONVILLE, FL. 32207

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

NEW Registered Agent:

ADAM TODD SCHOLL

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6191 MESSINA LN.
UNIT 205
COCOA BEACH, FL 32931

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.

Adam T. Scholl
Signature of a member or authorized representative of a member

Adam T. Scholl
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.

Adam T. Scholl
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00