

L10000033033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

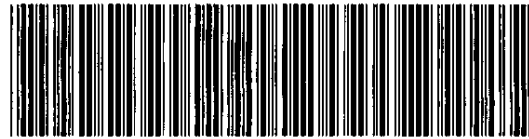
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(Document Number)

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FILED
10 AUG 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 27 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

DUSTIN TABOR
5660 COMMERCE DRIVE
SUITE 3
ORLANDO, FL 32839

SUBJECT: SURFACE KING, LLC
Ref. Number: L10000033033

We have received your document for SURFACE KING, 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 510A00019837

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surface King 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:

Dustin Tabor
Name of Person

Surface King LLC
Firm/Company

5660 Commerce Dr. Ste 3
Address

Orlando, FL 32839
City/State and Zip Code

melissa@surfaceking.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Tabor at (888) 389-8173
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

already paid
\$35

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: Surface King LLC
2. (a) Principal office address of limited liability company: 5660 Commerce Dr. Suite 3
☐ (Note: **MUST BE STREET ADDRESS**)

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

March 25, 2010
3. Date of filing/registration in Florida

L10000033036
4. Document number

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

Registered Agent:

Heather L. Stinhaus

Registered Office Address:

4196 Fox Trace
Boynton Beach, FL 33436

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

NEW Registered Agent:

Dustin G. Tabor

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

5660 Commerce Dr Ste 3
Orlando, FL 32839

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]
Signature of a member or authorized representative of a member

MELISSA TABOR
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]
Signature of Registered Agent

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

FILING FEE: \$25.00