

L10000104313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2013 OCT 1 PM 1:00
PALM BEACH COUNTY, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2013

DAN KEEN
3030 N. ROCKY POINT DR. STE 150A
TAMPA, FL 33607

SUBJECT: L.T.C.F., LLC.
Ref. Number: L10000106313

We have received your document for L.T.C.F., 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 013A00023041

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.T.C.F., 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:

Dan Keen

Name of Person

Registered Agent

Firm/Company

3030 N. Rocky Point Dr, STE 150A

Address

Tampa, FL 33607

City/State and Zip Code

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

For further information concerning this matter, please call:

Baspck Trust

Name of Person

at (727)

537-0855

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: L.T.C.F., LLC.

2. (a) Principal office address of limited liability company: 11125 Park Blvd, Suite 104-157

(Note: **MUST BE STREET ADDRESS**) Seminole, FL 33772

(b) Mailing address of limited liability company: 11125 Park Blvd, Suite 104-157

(Note: **MAY BE POST OFFICE BOX**) Seminole, FL 33772

10/12/2010
3. Date of filing/registration in Florida

L10000106313
4. Document number

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

Registered Agent: Registered Agent Solution, Inc.

Registered Office Address: 155 Office Plaza Dr, Suite A
Tallahassee, FL 32301

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

NEW Registered Agent: Registered Agents Inc.

NEW Registered Office Address: 3030 N. Rocky Point Dr. STE 150A
(**MUST BE FLORIDA STREET ADDRESS**) Tampa, FL 33607

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.

Baspck Trust
Signature of a member or authorized representative of a member

Baspck Trust - Manager
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.

Dan Keen
Signature of Registered Agent

Dan Keen-President

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