

LH000038567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

DEC 29 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2011

CARL LOEFFLER  
7282 55TH AVE E PMB 195  
BRADENTON, FL 34203

SUBJECT: OP1 LLC  
Ref. Number: L11000038567

We have received your document for OP1 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):

You failed to make the correction(s) requested in our previous letter.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 711A00028047

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 28 AM 11:04

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2011

CARL LOEFFLER  
7282 55TH AVE E PMB 195  
BRADENTON, FL 34203

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Tammi Cline  
Regulatory Specialist II

Letter Number: 611A00027238

2011 DEC 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OP1 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:

Drew Loeffler

Name of Person

OP1 LLC

Firm/Company

7282 55th Ave E PMB 195

Address

Bradenton, FL 34203

City/State and Zip Code

cmloeffler@verizon.net

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

For further information concerning this matter, please call:

Drew Loeffler

Name of Person

at ( 941 )

730-3174

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

FILED  
2011 DEC 28 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: OP1 LLC

2. (a) Principal office address of limited liability company: 6852 Whitman Ct

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

Sarasota, FL 34243

(b) Mailing address of limited liability company:

OP1 LLC

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

7282 55th Ave E PMB 195  
Bradenton, FL 34203

3/29/2011

L11000038567

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:

Diego Bertran

Registered Office Address:

250 West Park Dr Unit 103  
Miami, FL 30172

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

**NEW Registered Agent:**

Drew Loeffler

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

OP1 LLC

6852 Whitman Ct

Sarasota, FL 34243

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

Carl Loeffler

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 of Registered Agent

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

FILING FEE: \$25.00