

LI 000054549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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T. CLINE

JUL 20 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2012

MICHAEL HOFFMAN  
8516 ISLAND BREEZE LANE UNIT 102  
TAMPA, FL 33637

SUBJECT: CAPTURE CUT POST LLC  
Ref. Number: L11000054549

We have received your document for CAPTURE CUT POST 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.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 012A00018146

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JUL 19 AM 9:03

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capture Cut Post, 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:

Michael Hofmann

Name of Person

Capture Cut Post, LLC

Firm/Company

8516 Island Breeze Lane Unit 102

Address

Tampa, FL 33637

City/State and Zip Code

mhofmann@mail.usf.edu

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

For further information concerning this matter, please call:

Michael Hofmann

Name of Person

at ( 813 )

8302040

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  
2012 JUN 19 AM 9:03  
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: Capture Cut Post, LLC

2. (a) Principal office address of limited liability company: 8516 Island Breeze Lane Unit 102

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

Tampa, FL 33637

(b) Mailing address of limited liability company: 8516 Island Breeze Lane Unit 102

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

Tampa, FL 33637

May 09, 2011

3. Date of filing/registration in Florida

L11000054549

4. Document number

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

Registered Agent:

Legalzoom.com

Registered Office Address:

101 N. Brand Blvd. 11th Floor  
Glendale, CA 91203

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

**NEW Registered Agent:**

MICHAEL HOFMANN

**NEW Registered Office Address:**

8516 Island Breeze Lane Unit 102

**(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33637

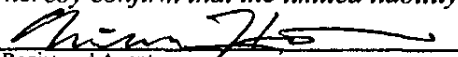
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Michael Hofmann

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