

**L110000087436**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

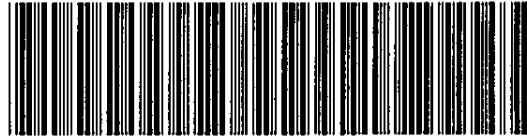
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FEB 13 2012**  
**L. SELLERS**

Office Use Only



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01/10/12--01005--006 \*\*75.00

**FILED**  
**12 FEB 10 PM 5:38**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

✓ **TO:** Registration Section  
Division of Corporations

**SUBJECT:** 45KKS LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Linda McPherson  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3143 NE 14 St.  
(Address)

Ocala, FL 34470  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda McPherson at (352) 572 0435  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2012

LINDA MCPHERSON  
3143 NE 14 STREET  
OCALA, FL 34470

SUBJECT: 4SKKS LLC  
Ref. Number: L11000087436

We have received your document for 4SKKS LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 712A00000888



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2012

LINDA MCPHERSON  
3143 NE 14 STREET  
OCALA, FL 34470

SUBJECT: 4SKKS LLC  
Ref. Number: L11000087436

We have received your document for 4SKKS LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 712A00003756

**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: 4SKKS LLC

2. (a) Principal office address of limited liability company: OLD 721 NE 63 ST.  
Ocala, FL 34479  
**(Note: MUST BE STREET ADDRESS)**

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

7/29/2011  
3. Date of filing/registration in Florida

L11 000087436  
4. Document number

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

Registered Agent: LINDA McPherson

Registered Office Address: 721 NE 63 ST.  
Ocala, FL 34479

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

NEW Registered Agent: LINDA McPherson

NEW Registered Office Address: 3143 NE 14 ST.  
Ocala, FL 34470  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

Linda McPherson  
Signature of a member or authorized representative of a member

LINDA McPherson  
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.

Linda McPherson  
Signature of Registered Agent

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

FILED  
FEB 10 PM 5:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE