

L12 000032226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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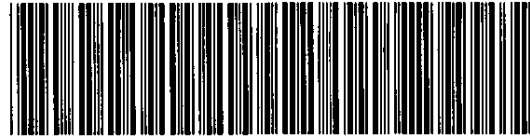
(Business Entity Name)

(Document Number)

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AUG 5 2014
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Camcor Site 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:

Brian D. Solomon, Esq.

Name of Person

Brian D. Solomon, P.L.

Firm/Company

1311 Indiana Avenue

Address

Saint Cloud, FL 34771

City/State and Zip Code

bsolomon@solomon-law.com

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

For further information concerning this matter, please call:

Brian D. Solomon, Esq.

at (407)

957-0077

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2014

BRIAN D SOLOMON ESQ.
BRIAN D SOLOMON PL
1311 INDIANA AVE.
SAINT CLOUD, FL 34771

SUBJECT: CAMCOR SITE LLC
Ref. Number: L12000032226

We have received your document for CAMCOR SITE 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):

BRIAN SOLOMON HAS TO ACCEPT THE APPOINTMENT AS REGISTERED AGENT BY SIGNING THE FORM.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 814A00016458

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Camcor Site LLC

2. (a) _____ (b) 115 E. 13th Street

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

115 E. 13th Street

Saint Cloud, FL 34769

Saint Cloud, FL 34769

03-06-2012

L12000032226

3. Date of filing/registration in Florida

4. Document number

5. (a) Superbiz Registered Agent, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Superbiz Registered Agent, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2761 Vista Parkway, Suite E4

West Palm Beach, FL 33411

(b) Brian D. Solomon, Esq.

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

Brian D. Solomon, P.L.

NEW Registered Office Address:

1311 Indiana Avenue

Saint Cloud, FL 34769

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

William A. Campbell

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 605, 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.

Sign

Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00