

L/2000095011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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A. LUNT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 27 PM 4:19

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

LUKE CAPON
768 B OAK SHADOWS RD
CELEBRATION, FL 34747

SUBJECT: L & E LUXURY SERVICES LLC
Ref. Number: L12000095011

2012 DEC 27 PM 4:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for L & E LUXURY SERVICES 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):

YOU MUST COMPLETE SECTION 5B.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 412A00027974

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & E Luxury services 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:

LUKE CAPON
Name of Person
L & E Luxury Services
LLC.
Firm/Company

768 b Oak Shadows Rd.
Address

Celebration FL 34747.
City/State and Zip Code

landeluxuryservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUKE capon at (407) 860 4192
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

FILED
2012 DEC 27 PM 4:19
TALLAHASSEE, FL 32301
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT

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 & E Luxury services LLC

2. (a) Principal office address of limited liability company: 599 Mor-TAY Trail
(Note: **MUST BE STREET ADDRESS**) Kissimmee FL 34747

(b) Mailing address of limited liability company: 660 Celebration Avenue
(Note: **MAY BE POST OFFICE BOX**) Suite 170-119
Celebration, FL 34747

07/23/2012
3. Date of filing/registration in Florida

L12000095011
4. Document number

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

Registered Agent:

LUKE CAPON

Registered Office Address:

660 Celebration Avenue
Suite 170-119
Celebration FL 34747

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

NEW Registered Agent:

LUKE CAPON

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

660 Celebration Ave
Suite 170-119
Celebration FL 34747

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]
Signature of a member or authorized representative of a member

LUKE CAPON
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.

[Signature]
Signature of Registered Agent

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