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JUN 2 9 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Cloak & Blaster, 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:

Markus Zimmerman

Name of Person

Firm/Company

696 Mason Dr

Address

Titusville, FL 32780

City/State and Zip Code

markus.zimmerman@gmail.com

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

For further information concerning this matter, please call:

321 5143008
Area Code & Daytime Telephone Number
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
nount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2017

MARKUS ZIMMERMAN 696 MASON DR TITUSVILLE, FL 32780

SUBJECT: THE CLOAK & BLASTER LLC Ref. Number: L13000106024

We have received your document for THE CLOAK & BLASTER 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00012399

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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.

Na	me of the limited liability company:	laster,	LLC		
(a)	• • • • • • • • • • • • • • • • • • • •		875 Woo	oodbury Rd STE 108	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)		
	Orlando, FL 32828		Orlando,	FL 32828	
	7/26/2013		L1300010	6024	
(a)	Date of filing/registration in Florida United States Corporation Agents, Inc	4.		Document number	
(u)	Registered Agent and Registered Office shown on the records of th 13302 Winding Oaks Court	e Florida	Dept. of State	:	
Registered Office Address (MUST BE FLORIDA STREET)			2		
	Tampa, FL	33612	3612 7		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Markus Zimmerman		AHASSEE PLOR		
	<u>NEW</u> Registered Office Address: 696 Mason Dr				
	Titusville, FL	32780			
e cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co f the lin	stered office ompany, it is nited liability	e and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in	
Stenature of a member or authorized representative of a member			Markus Zimmerman Printed or typed name of signee		
					ovisi e obl merc

Righature of Registered Agent

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