1400133929

Office Use Only



000274320040

06/24/15--01028--010 **85.00

FILED

15 JUN 24 PN 4: 0F

SECRETARY OF STATE

TAILLAMASSE OF COMM.

JUN 2 5 2015 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: J&D Kerzner LLC		
Name of Limited Liability	/ Company	•
DOCUMENT NUMBER: 14000133 929		,
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are	submitted
Please return all correspondence concerning this matter to the	he following:	
Daniel Kerzner		
Name of Person	• · · · · · · · · · · · · · · · · · · ·	,
J&D Kerzner LLC		
Name of Firm/Company	-	
7429 Minnow Brook Way	LVI COL	र्ज
Address	The state of the s	量卫
Land O Lakes, FL 34637	SSET O	LED 24 P
City/State and Zip Code		平 口
Kerzner75@gmail.com	\$25 E	90 : 1
E-mail address: (to be used for future annual report notification)	-	•••
For further information concerning this matter, please call:		
Daniel Kerzner 813	3900700	
Name of Person Area Code	Daytime Telephone Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.	Na	me of the limited liability company:
2.	(a)	(b)
	• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Land O Lakes, 21 34637
		8/26/14 L/4000133929
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address MUST BE FLORIDA STREET ADDRESS)
		1201 Hays 52.
		Talahassee ,FL 32301-2525
+	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Direct frame of Maria Medicate of Section and Associated Associate
		7429 minou Brook way
		NEW Registered Office Address:
		Land O Lakes FL FL 34637
If th	ne li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the age	cha nt v	nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is bereby confirmed that the change(s)
wa:	/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the operating agreement of the limited liability company.
G.C.	-4 , -1,	- Daviel Kerzner
- 5	gnat	ure of a member or authorized representative of a member Printed or typed name of signee
the to 1	vişi obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the consoft all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
Sig	natu	e of Registered Agent