

L15000029635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

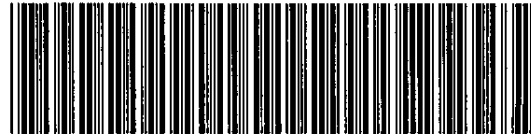
(Document Number)

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2017 APR 7 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
APR 11 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

JAMES K NEFF  
7892 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

SUBJECT: SUMMIT HOLDINGS GP, LLC  
Ref. Number: L15000029635

We have received your document for SUMMIT HOLDINGS GP, 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):

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 117A00003856

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Summit Holdings GP, 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:

James K. Neff

Name of Person

Firm/Company

7892 Fisher Island Drive

Address

Fisher Island FL 33109

City/State and Zip Code

libby@toplineadmin.com

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

For further information concerning this matter, please call:

Libby Millar

Name of Person

at ( 203 ) 451-1582

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

**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: Summit Holdings GP, LLC

2. (a) 7892 Fisher Island Drive Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 7892 Fisher Island Drive Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Fisher Island FL 33109

Fisher Island FL 33109

02/12/2015

L15000029635

3. Date of filing/registration in Florida

4. Document number

5. (a) Neff, James K.

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

7892 Fisher Island Drive

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Fisher Island, FL 33109

(b) Brant, Barry

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

Berkowitz Pollack Brant

**NEW** Registered Office Address:

200 S. Biscayne Blvd, 6th Floor

Miami, FL 33131

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.

James K. Neff  
Signature of a member or authorized representative of a member

James K. Neff  
Printed or typed name of signer

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.

Barry Brant  
Signature of Registered Agent

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