

L15000 052024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

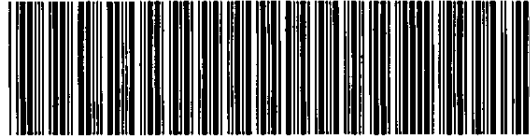
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2016

MICHELE A. LEBRON, ESQ.
LEBRON LAW, PLLC
P.O. BOX 450056
KISSIMMEE, FL 34745

SUBJECT: LEBRON LAW, PLLC
Ref. Number: L15000052024

We have received your document for LEBRON LAW, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 716A00015975

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lebron Law, PLLC
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:

Michele A. Lebron
Name of Person

Lebron Law PLLC
Firm/Company

722 Patrick Street, Suite 208 + 209
Address

Kissimmee, FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Michele Lebron at (321) 800 5195
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

*Previously provided (See attached)
letter*

**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: Lebron Law PLLC
2. (a) 722 Patrick Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 208-209
Kissimmee FL 34741
- (b) P.O. Box 450056
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Kissimmee FL 34745
3. 3/23/2015
Date of filing/registration in Florida
4. L15000052024
Document number
5. (a) Michele A. Lebron
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5401 S. Kirkman Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 310
Orlando, FL 32819
- (b) Michele A. Lebron
Enter name of NEW Registered Agent and/or NEW Registered Office address:
722 Patrick Street
NEW Registered Office Address:
Suite 208-209
Kissimmee, FL 34741

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TALLAHASSEE, FLORIDA

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

Michele A. Lebron
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.

[Signature]
Signature of Registered Agent