

L15000093110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

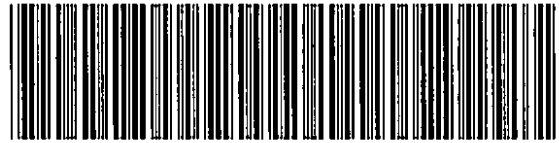
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

D BRUCE
SEP 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

DENNIS PENDERGAST
PO BOX 4852
SANFORD, FL 32772

SUBJECT: SKY BROKER AVIATION, LLC
Ref. Number: L15000093110

We have received your document for SKY BROKER AVIATION, 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.

The registered agent must sign accepting the designation.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 018A00018755

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2018 SEP 17 AM 8:23
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sky Broker Aviation, 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:

Dennis Pendergast

Name of Person

Sky Broker Aviation, LLC

Firm/Company

PO Box 4852

Address

Sanford, FL 32772

City/State and Zip Code

dpendergast1@gmail.com

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

For further information concerning this matter, please call:

Dennis Pendergast

at (407) 505-7769

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

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2010 SEP 17 AM 8:23
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**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: Sky Broker Aviation, LLC

2. (a) Sky Broker Aviation, LLC (b) Sky Broker Aviation, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4251 Tarmac Way

Sanford, FL 32773

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PO Box 4852

Sanford, FL 32772

May 27, 2015

L15000093110

3. Date of filing/registration in Florida

4. Document number

5. (a) INCORP SERVICES, INC

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

INCORP SERVICES, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67TH COURT NORTH

LOXAHATCHEE, FL 33470

(b) Dennis Pendergast

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

Dennis Pendergast

NEW Registered Office Address:

12811 Groveview Way

Sanford, FL 32773

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.

Dennis Pendergast
Signature of a member or authorized representative of a member

Dennis Pendergast

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.

Dennis Pendergast
Signature of Registered Agent

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