

L16000 003 685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

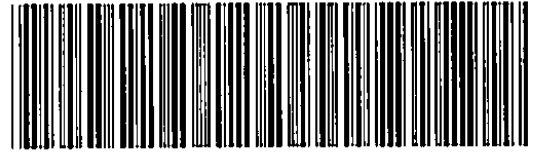
(Business Entity Name)

(Document Number)

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OCT 03 2019

TO: Registration Section
Division of Corporations

TO: Registration Section
Division of Corporations

Claudia's Mobile Homes & Real Estate, LLC

SUBJECT: _____
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:

Petr Korinek

Name of Person

Claudia's Mobile Homes & Real Estate, LLC

Firm/Company

10353 Orange Dr

Address

Davie, FL 33328

City/State and Zip Code

petr.korinek@claudiasmh.com

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

For further information concerning this matter, please call:

Petr Korinek 941 462-4625

_____ at (_____) _____

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 the following amount:

☒ \$25 Filing Fee☐ \$55 Filing Fee & Certified Copy

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in Florida.

Claudia's Mobile Homes & Real Estate, LLC

1. Name of the limited liability company: Claudia's Mobile Homes & Real Estate, LLC
10353 Orange Dr, Davie, FL 33328 10353 Orange Dr, Davie, FL 33328

2. (a) 10353 Orange Dr, Davie, FL 33328 (b) 10353 Orange Dr, Davie, FL 33328
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE)*

01/06/2016

L16000003685

3. 01/06/2016 Date of filing/registration in Florida 4. L16000003685 Document number

KORINEK, PETR

5. (a) KORINEK, PETR
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address 6478 Fuller Dr *(MUST BE FLORIDA STREET ADDRESS)*

Bokeelia

33922

Bokeelia

, FL

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

NEW Registered Office Address:

10353 Orange Dr

Davie

33328

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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.

Petr Korinek

Printed or typed name of signee

Signature of a member or authorized representative of a member

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company is notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

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