

L16 000103558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

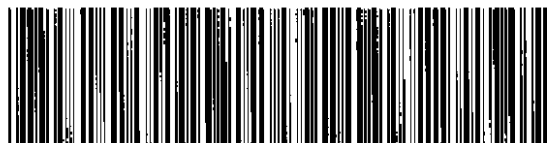
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer.

Office Use Only



800295531068

02/22/17--01020--018 **55.00

FILED
17 FEB 22 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STELLA KADRAS PROK, PARALEGAL
(216) 706-3832
skadrasprok@taftlaw.com

February 21, 2017

Via FedEx (850) 245-6051

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

Re: Lonnyray LLC – Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

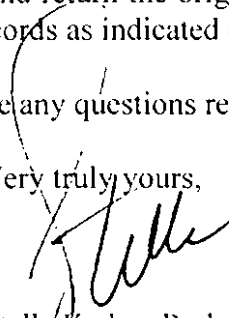
Dear Sir/Madam:

Enclosed for immediate filing with the office of the Florida Secretary of State is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Lonnyray LLC, and a check made payable to the Florida Secretary of State in the amount of \$55.00, as the filing fee and a certified copy of the filing.

Please file the enclosed upon receipt and return the original evidence as indicated on the cover page. In addition, please update your records as indicated on the cover page.

Feel free to contact me should you have any questions regarding the enclosed filing.

Very truly yours,


Stella Kadras Prok
Paralegal

Enclosure

cc: Todd Lady, Esq. (via e-mail) (w/o enc.)
Lourdes E. Perrino, Esq. (via e-mail) (w/o enc.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lonnyray 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:

Konstantin Aleksandrov Dimitrov

Name of Person

Lonnyray LLC

Firm/Company

5347 Kemkerry Road

Address

Wesley Chapel, Florida 33543

City/State and Zip Code

kdimitrov@aol.com

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

For further information concerning this matter, please call:

Konstantin Aleksandrov Dimitrov 813 368-2660

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 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: Lonnyray LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5347 Kemkerry Road

5347 Kemkerry Road

Wesley Chapel, Florida 33543

Wesley Chapel, Florida 33543

May 26, 2016

L16000103558

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:

United States Corporation Agents, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oaks Court, Suite A

Tampa, FL 33612

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

Konstantin Aleksandrov Dimitrov

NEW Registered Office Address:

5347 Kemkerry Road

Wesley Chapel, FL 33543

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 of a member or authorized representative of a member

Konstantin Aleksandrov Dimitrov

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.

Signature of Registered Agent

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

FILED
17 FEB 22 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA