

L170000034189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

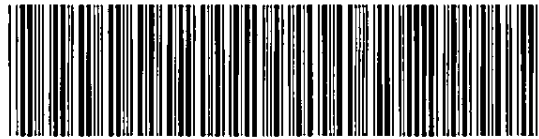
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700445831967

00/05/25 -- 01001--009 \$605.00

FILED
2025 MAR -5 AM 8:31
Filing Office
Tulsa, Oklahoma

SUBJECT: Zokaite Contracting FL LLC
Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Frank Zokaites

Name of Person

Zokaites Contracting FL LLC

Firm/Company

375 Golfside Drive

Address

Wexford, PA 15090

City/State and Zip Code

frank@zokaite.com

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

For further information concerning this matter, please call:

Frank Zokaites at (412) 889-5744

Name of Person Area Code & Daytime Telephone Number

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Zokaite Contracting FL LLC

2. (a) 375 Golfside Drive, Wexford, PA 15090 (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

02/13/2017

L17000034189

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agents Inc.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th Street North, Suite 300

St. Petersburg, FL 33702

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

Frank R Zokaite

NEW Registered Office Address:

3018 NE 21st Street

Fort Lauderdale, FL 33305

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

Frank R Zokaite

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 of Registered Agent

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