

L17000075935

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GRAY | ROBINSON

ATTORNEYS AT LAW

720 S.W. 2ND AVENUE SUITE 106

GAINESVILLE, FL 32601

PHONE: 352-376-6400

FAX: 352-376-6484

Date: September 26, 2018

Client-Matter Number:

To: Octavia Simmons

Fax No.:

Phone No.:

Attn: Division of Corporations

1-850-245-6030

From: Rupa Lloyd

Phone:

352-376-6400

Subject: Byrne, LLC / Doc. No. L17000075935

Number of Pages with Cover Page: 4

Message:

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GRAY ROBINSON
ATTORNEYS AT LAW

352-376-6400

RUPA.LLOYD@GRAY-ROBINSON.COM

August 30, 2018

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TEL 352-376-6400
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FL Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Via Certified Mail Receipt: # 9214 8901 8318 7400 0000 69

Re: Statement of Change of Registered Agent


CORPORATION: BYRNE, LLC
DOCUMENT NO: L17000075935

To Whom It May Concern:

On behalf of our client, Byrne, LLC, enclosed please find the Statement of Change of Registered Agent for the above referenced corporation. Also enclosed is a checks made payable to the Florida Department of State for \$25.00 which represents the filing fee for this change.

Please forward confirmation of the filing to my attention at GrayRobinson, P.A., 720 SW 2nd Ave, Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 376-6485, or by e-mail at rupa.lloyd@gray-robinson.com.

Sincerely,



Rupa S. Lloyd, Partner
Attorney at Law

Encl:

Statement of Change of Registered Agent
Check for \$25.00 (filing fee)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BYRNE, 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:

BARRY BYRNE
Name of Person

BYRNE, LLC
Firm/Company

123 NW 23RD STREET
Address

GAINESVILLE, FL 32607
City/State and Zip Code

byme.barry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRY BYRNE at (352) 494-4473
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: BYRNE, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
123 NW 23RD ST
GAINESVILLE, FL 32607

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
123 NW 23RD ST
GAINESVILLE, FL 32607

3. 3/23/17 Date of filing/registration in Florida

4. L17000075935 Document number

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

DELL SALTER, P.A.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
203 NE 1ST STREET
GAINESVILLE, FL 32601

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

GRAYROBINSON, P.A.
NEW Registered Office Address:
720 SW 2ND AVE, SUITE 106
GAINESVILLE, FL 32601

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 member or authorized representative of a member

Barry J. Byrne

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