

L17000085174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

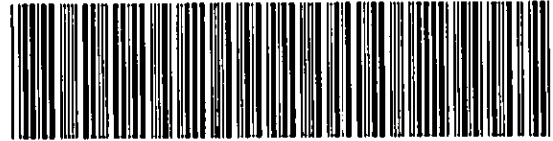
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN -1 PM 3:00
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○ SIMMONS
JUN 04 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

ALBINAS LOVEIKA
1902 SPRINGDALE CT
PALM BEACH, FL 33403

GARDENYS

SUBJECT: ALBINAS CONSTRUCTION LLC
Ref. Number: L17000085174

We have received your document for ALBINAS CONSTRUCTION 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00010559

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RECEIVED

2018 JUN -1 AM 11:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBINAS CONSTRUCTION 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:

ALBINAS LOVEIKA
Name of Person

Firm/Company

1902 SPRINGDALE COURT
Address

PALM BEACH GARDEN, FL 33403
City/State and Zip Code

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

For further information concerning this matter, please call:

ALBINAS LOVEIKA at (708) 582-1085
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: ALBINAS CONSTRUCTION LLC
2. (a) ALBINAS CONSTRUCTION LLC (b) ALBINAS CONSTRUCTION LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1902 SPRINGDALE COURT 1902 SPRINGDALE COURT
PALM BEACH GARDEN, FL 33403 PALM BEACH GARDEN, FL 33403

3. 04/17/2017 Date of filing/registration in Florida 4. L17000085174 Document number

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

ALBINAS LOVEIKA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5807 SULLIVAN RD
JUPITER, FL 33458

- (b) ALBINAS LOVEIKA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
ALBINAS LOVEIKA
NEW Registered Office Address:
1902 SPRINGDALE COURT
PALM BEACH GARDEN, FL 33403

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.

Albinas Loveika
Signature of a member or authorized representative of a member

ALBINAS LOVEIKA
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.

X Albinas Loveika
Signature of Registered Agent