

L180000 67055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

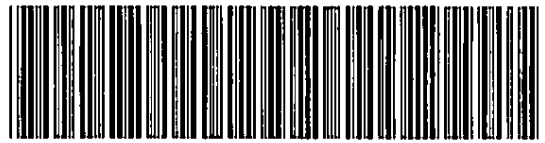
(Business Entity Name)

(Document Number)

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1.5.  
03/26/19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GATOR MANAGEMENT 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:

THOMAS KROLLEK

Name of Person

GATOR MANAGEMENT LLC

Firm/Company

12611 SAFE HARBOUR DR

Address

CORTEZ, FL 34215

City/State and Zip Code

thomaskrollek@yahoo.com

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

For further information concerning this matter, please call:

THOMAS KROLLEK

Name of Person

at ( 224 ) 505 6559

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: GATOR MANAGEMENT LLC

2. (a) 12611 SAFE HARBOUR DR (b) 12611 SAFE HARBOUR DR  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CORTEZ, FL 34215 CORTEZ, FL 34215

3. 03/14/2018 4. L 18000067055  
Date of filing/registration in Florida Document number

5. (a) LEGALINK CORPORATE SERVICES INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

5237 SUMMERLIN COMMONS BLVD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 400 FORT MYERS  
FL 33907

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

12611 SAFE HARBOUR DR  
NEW Registered Office Address:  
CORTEZ, FL 34215

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.

Thomas Kroclek  
Signature of a member or authorized representative of a member

THOMAS KROCLEK  
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.*

Thomas Kroclek  
Signature of Registered Agent