

L18 000 115454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

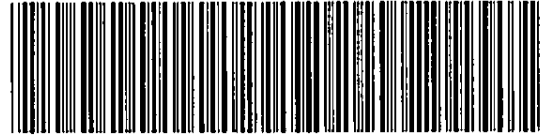
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
MAR 18 AM 10:49
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAR 18 AM 11:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. HUNT

03/18/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext:
Date: 03/05/24
Order #: 1439831-1
Re: Book Capital Enterprises, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office
Check in the amount of: \$35.0: I20000000195
AUTH *Shauna Godbolt*

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATE OF FLORIDA
TALLAHASSEE, FL
2024 MAR 05 AM 10:49
JD

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOOK CAPITAL ENTERPRISES 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:

Robert H. Book

Name of Person

Book Capital Enterprises, LLC

Firm/Company

350 E. Las Olas Blvd. Unit #960

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bbook@bookcapitalnet.com

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

For further information concerning this matter, please call:

Melinda Rosen

at (312)

346-7686

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED
TALLAHASSEE, FL
MAR 18 AM 10:50

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.

INHS18 (2/14)