

LP9000 143815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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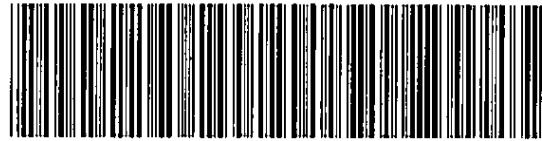
(Business Entity Name)

(Document Number)

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R.A/chg

AUG 10 2019

LALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Backbone Systems, 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:

Rachael Storch

Name of Person

Backbone Systems, LLC

Firm/Company

1955 Meadow Crest Drive

Address

Apopka, Florida 32712

City/State and Zip Code

rachaelstorch@gmail.com

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

For further information concerning this matter, please call:

Rachael Storch

at (407)

5299280

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

RACHAEL STORCH
1955 MEADOW CREST DRIVE
APOPKA, FL 32712

SUBJECT: BACKBONE SYSTEMS, LLC
Ref. Number: L19000143815

We have received your document for BACKBONE SYSTEMS, 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):

You can list only 1(one) registered agent in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00013535

RECEIVED

2019 AUG -9 PM 12:09

**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: Backbone Systems, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1955 Meadow Crest Drive

Apopka, Florida 32712

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

05/30/2019

L19000143815

3. Date of filing/registration in Florida

4. Document number

5. (a) Rachael Storch

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1955 Meadow Crest Drive

Apopka, FL 32712

(b) Robert Storch

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1955 Meadow Crest Drive

Apopka, FL 32712

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.

R Storch
Signature of a member or authorized representative of a member

Rachael Storch
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.

R Storch
Signature of Registered Agent