## 22 000 300 180

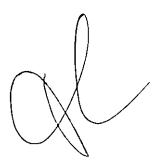
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☐ PICK-UP	MAIT	MAIL			
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09/13/22--01013--012 \*\*25.00





December 16, 2022

DMITRY KAPUSTIN 12355 ROCKLEDGE CIR BOCA RATON, FL 33428

SUBJECT: DK REAL ESTATE AND DEVELOPMENT LLC

Ref. Number: L22000300180

We have received your document for DK REAL ESTATE AND DEVELOPMENT 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):

Please list the address for the new registered agent.

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.

Tammi Cline Regulatory Specialist II Supervisor

2023 JAN 10 PM 12: 08

Letter Number: 622A00028144

022 JAN 10 PM 12: 40

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	DK REAL ESTATE AND DEVELO	OPMENT LLC	
3000		me of Limited Li	ability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Off	fice Change and t	fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the f	following:
Dmitr	y Kapustin		
	Name of Person		<del>_</del>
DK RI	EAL ESTATE AND DEVELOPMENT LLC		\$ <b>62</b>
	Firm/Company		SUBLICATION TO SALE AND SALE A
12355	Rockledge Cir.		S <sup>-1</sup>
	Address		SEE, FL
Boca I	Raton, FL 33428		
	City/State and Zip Code		_
dkapu	stin7@gmail.com		
	E-mail address: (to be used for future and	nual report notific	cation)
For fu	rther information concerning this matter	, please call:	
Dmitr	y Kapustin	at (	952-994-8944 )
	Name of Person	ut (	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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

2. (a)		(	b)			
J. (11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	Mailing	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	12355 Rockledge Cir		12355 Rockledge	Cir		
	Boca Raton, FL 33428	_	Boca Raton, FL 3	33428		
	07/05/2022		L22000300180			
3.	Date of filing/registration in Florida	4.	Docu	ment number		
5. (a)	Dmitry Kapustin					
). ( <b>a</b> )	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of State:			
	12355 Rockledge Cir.			<b>20</b>		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>'S)</u>	73 JA		
				AN I		
	Boca Raton	33428		PILED 1023 JAN TO PH 12: 01 SEL AHASSEE, FL		
	, FL			SSE R		
(b)						
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:			
	Marina Kapustin					
	NEW Registered Office Address:	<del>-</del>				
	12355 Rockledge Cir.					
	Boca Raton .FL	3	3428			
change agent v was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of the lif limited	red office and the bompany, it is herel nited liability com	ousiness office of the registered by confirmed that the change(s) pany or as otherwise provided in		
Signa	nure of a member or authorized representative of a member			ed or typed name of signee		
provis the obi to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn l for in tereby c	et in this capacity, nance of my duties, Chapter 605, F.S. confirm that the lin	I further agree to comply with the and I am familiar with and accep Or, if this document is being filed nited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00