

M10000000065  
W09000055315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

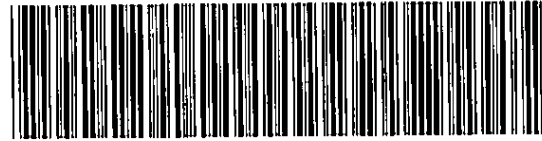
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

2/2/21  
Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2020

MICHELE M. HOOVER  
SOLOMON & HOOVER CPAS PLLC  
1342 COLONIAL BLVD, STE B-11  
FORT MYERS, FL 33907

SUBJECT: NEAL H. KNAPP, L.L.C.  
Ref. Number: M10000000065

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 120A00025614

*Attached are revised forms as requested.*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Neal H. Knapp LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle M. Hoover  
Name of Person

Solomon & Hoover CPAs  
Firm/Company

1342 Colonial Blvd Ste B-11  
Address

Fort Myers, FL 33907  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michelle M. Hoover at ( 239 ) 481-4114  
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:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Neal H. Knapp LLC.

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 110000000065

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: 10/6/2010 01/06/2010

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Solomon & Hoover CPAs

New Registered Office Address: 1342 Colonial Blvd Ste B-11  
Enter Florida Street Address

Fort Myers, Florida 33907  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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.*

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Neal H. Knapp	1020 NE Pine Island Rd Unit 205	<input type="checkbox"/> Add
		Cape Coral, FL 33909	<input checked="" type="checkbox"/> Remove
MGR	Tina M. Lindner	1020 NE Pine Island Rd Unit 205	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
MGR	Jonathan M. Knapp	1020 NE Pine Island Rd Unit 205	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33909	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Neal Knapp  
Signature of the authorized representative

Neal H. Knapp  
Typed or printed name of signee

Filing Fee: \$25.00