

M13 CO CCC 6488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

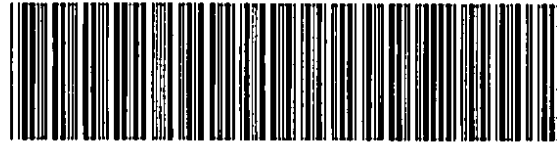
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rude Adam
Auth. correcting
the New KA info
5/2/19

Office Use Only



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2019 MAY 2 PM 12:36

FILED

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MAY 1 2019
FALLS CHURCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LRI 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:

Rose Adam

Name of Person

Lindberg & Ripple

Firm/Company

29 South Main Street, Suite 215

Address

West Hartford, CT 06107

City/State and Zip Code

nls@linrip.com

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

For further information concerning this matter, please call:

Rose Adam

at (860)

761-9790

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

April 24, 2019

ROSE ADAM
LINDBERG & RIPPLE
29 SOUTH MAIN STREET - STE. 215
WEST HARTFORD, CT 06107

SUBJECT: LRI LLC
Ref. Number: M13000006488

We have received your document for LRI 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 accept our apology for failing to mention this in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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: 419A00008237



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2019

ROSE ADAM
LINDBERG & RIPPLE
29 SOUTH MAIN STREET - STE. 215
WEST HARTFORD, CT 06107

SUBJECT: LRI LLC
Ref. Number: M13000006488

We have received your document for LRI 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):

The registered agent must sign accepting the designation.

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: 719A00007127

RECEIVED

2019 APR 23 PM 2:04

SECRET
TALLAHASSEE, FL

**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: LRI LLC

2. (a) Lindberg & Ripple (b) Lindberg & Ripple

Principal office address of limited liability company:

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

29 South Main Street, Suite 215

West Hartford, CT 06107

Mailing address of limited liability company:

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

29 South Main Street, Suite 215

West Hartford, CT 06107

10/11/2013

M13000006488

3. Date of filing/registration in Florida 4. Document number

5. (a) C T Corporation System

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

1200 South Pine Island Road

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

(b) Anthony T. Pace

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

4455 Military Trail, Suite 200

NEW Registered Office Address:

Jupiter, FL 33458

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.

X Nancy L. Shepard
Signature of a member or authorized representative of a member

Nancy L. Shepard

Printed or typed name of signee

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.

X Anthony T. Pace
Signature of Registered Agent

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

FILING FEE: \$25.00

2019 OCT -2 PM 12:36