

MIS000008100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

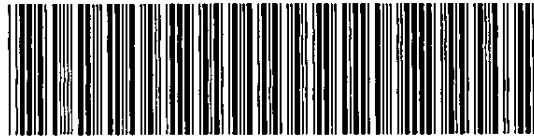
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEBRUARY 11 2016

15 NOV -6 PM 4:37

TO: FILING OFFICE
SUPERIOR COURT OF FLORIDA

FILED

15 NOV -6 AM 10:42

CLERK OF COURT
TALLAHASSEE, FLORIDA

NOV 09 2015

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 864043 4808527

AUTHORIZATION :

Spuddelean

COST LIMIT : \$ 25.00

ORDER DATE : November 6, 2015

ORDER TIME : 3:36 PM

ORDER NO. : 864043-005

CUSTOMER NO: 4808527

FOREIGN FILINGS

NAME: LAKIN-BABETCH FLORIDA LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKIN-BABETCH FLORIDA 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:

Maureen A. Drews

Name of Person

Holland & Knight LLP

Firm/Company

131 S. Dearborn Street, 30th Floor

Address

Chicago IL 60603

City/State and Zip Code

maureen.drews@hklaw.com

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

For further information concerning this matter, please call:

Maureen A. Drews

Name of Person

at (312) 715-5737

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
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: Lakin-Babetch Florida 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: M15000008100

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: October 9, 2015

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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

_____, *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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Richard Lakin</u>	<u>914 Bristol Drive</u>	<input type="checkbox"/> Add
		<u>Deerfield IL 60015</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>A. Lakin Property LLC</u>	<u>2044 N. Dominick Street</u>	<input checked="" type="checkbox"/> Add
		<u>Chicago IL 60614</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Ronald Lakin Family LLC</u>	<u>1900 Waterford Court</u>	<input checked="" type="checkbox"/> Add
		<u>Highland Park IL 60035</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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.

Ronald Lakin, Family LLC, Manager

By: X. [Signature]
Signature of the authorized representative

Richard Lakin, Manager of Ronald Lakin Family LLC, Manager

Typed or printed name of signer

Filing Fee: \$25.00

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CLERK OF DISTRICT COURT
JANUARY 15, 2016
STATE OF FLORIDA