## M19 000 000 748

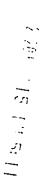
(Requestor's Name)					
(Address)					
(Address)					
(Nadicas)					
	(6)				
(Cit	y/State/Zip/Phone	<del>?</del> #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(23	Sine 35 Emily Man	ne,			
(Document Number)					
Certified Copies	_ Certificates	of Status			
		1			
Special Instructions to Filing Officer:					
- · -					

Office Use Only



600355841396

12/14/20--01023--007 \*\*25.00



R WETE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2020

SIGN ACQUISITION, LLC 130 COMMERCE ROAD BOYNTON BEACH, FL 33426

SUBJECT: SIGN ACQUISITION, LLC

Ref. Number: M19000000748

SUBJECT: SIGN ACQUISITION, LLC

Ref. Number: M19000000748

Our records indicate the registered agent for the above named limited liability company resigned on September 8, 2020 and that this limited liability company currently does not have a registered agent designated.

Pursuant to Florida Statutes 605, this office is required to give 60 days notice of our intent to revoke the certificate of authority of a foreign limited liability company authorized to transact business in Florida for failing to appoint and maintain a registered agent.

This letter is your notice of our intent to revoke the above named limited liability company's certificate of authority to transact business in Florida 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6823.

Shelia S Young
Regulatory Specialist III
Division of Corporations

Letter Number: 720A00023869

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	SIGN ACQUISITION, LLC		
		of Limited Liab	ility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Office	Change and fee	e(s) are submitted for filing.
Please	return all correspondence concerning this n	natter to the fol	lowing:
MARK	DICKSON		
	Name of Person	_	•
SIGN A	ACQUISITION, LLC		
	Firm/Company		•
130 CO	MMERCE ROAD		
	Address	-	•
BOYN	TON BEACH, FL 33426		
	City/State and Zip Code		•
mdicks	on@aisigncrafters.com		
E	-mail address: (to be used for future annual	report notifica	tion)
For fur	ther information concerning this matter, ple	ease call:	
MARK	DICKSON	561 at (	547-3760 EXT 282
	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 an	nount:	
	■ \$25 Filing Fee	<b>□ \$</b> 55	Filing Fee & Certified Copy

## 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. Na	ame of the limited liability company: SIGN ACQUISI	TION,	LLC	
2. (a)	130 COMMERCE ROAD		(b) 130 COMN	MERCE ROAD
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	BOYNTON BEACH		BOYNTON	BEACH
	FL 33426		FL 33426	
	01/22/2019		M190000007	148
3.	Date of filing/registration in Florida			Document number
5. (a)	JOHNSON, LISA			
). (a)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept. of State	
	130 COMMERCE ROAD			~
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)	·-
	BOYNTON BEACH	. 33426	<del></del>	< 31 
	, Fl	L		<u> </u>
<b></b>	PATRICIA PETERSEN			<u> </u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	0
	130 COMMERCE ROAD			
	NEW Registered Office Address:			
	BOYNTON BEACH	33424		
	FIGURE BEACH , FI	L	, 	
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist iability of the c limite	ered office and company, it is limited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elyreflect a change in the registered office address, I din writing of this change	ree to e e perfoi ed for i hereby	act in this capa rmance of my d n Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been