

LO8000086698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

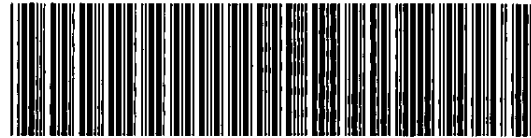
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400185855014

09/27/10--01018--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 27 AM 11:34

T. HAMPTON  
SEP 28 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARI Warranty Group, 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:

Keith Wasserstrom

Name of Person

ARI Warranty Group, LLC

Firm/Company

5011 S State Rd 7, Suite 106

Address

Davie, FL 33314

City/State and Zip Code

Keith@wwwlaw.com

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

For further information concerning this matter, please call:

Keith Wasserstrom

Name of Person

at ( 954 )

648-5253

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: ARI Warranty Group, LLC

2. (a) Principal office address of limited liability company: 4175 Davie Rd, Suite 220

☐ (Note: **MUST BE STREET ADDRESS**) Davie, FL 33314

(b) Mailing address of limited liability company: 4175 Davie Rd, Suite 220

☐ (Note: **MAY BE POST OFFICE BOX**) Davie, FL 33314

09/11/2008 3. Date of filing/registration in Florida L08000086698 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Keith Wasserstrom

Registered Office Address: 1002 E Newport Center Drive, Suite 202  
Deerfield Beach, FL 33442

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Keith Wasserstrom

**NEW** Registered Office Address: 5011 S State Rd 7, Suite 106  
**(MUST BE FLORIDA STREET ADDRESS)** Davie, FL 33314

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.

Keith Wasserstrom  
Signature of a member or authorized representative of a member

Keith Wasserstrom  
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 608, 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.*

Keith Wasserstrom  
Signature of Registered Agent

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