

L10000093054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

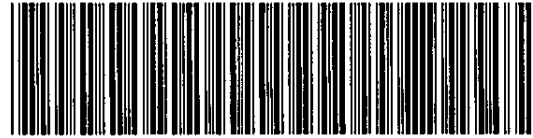
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES FERRI ASSOCIATES 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:

JAMES FERRI
Name of Person

JAMES FERRI ASSOCIATES LLC
Firm/Company

1000 VENETIAN WAY #108
Address

MIAMI, FL 33139
City/State and Zip Code

JIM@NEVERSTOPTRAVELING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES FERRI at (305) 373-2720
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

November 13, 2013

JAMES FERRI ASSOCIATES LLC
JAMES FERRI ASSOCIATES LLC
1000 VENETIAN WAY #108
MIAMI, FL 33139

SUBJECT: JAMES FERRI ASSOCIATES LLC
Ref. Number: L10000093054

We have received your document for JAMES FERRI ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 413A00026313

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: JAMES FERRI ASSOCIATES LLC

2. (a) Principal office address of limited liability company: 1000 VENETIAN WAY
APT 108
MIAMI, FL 33139
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1000 VENETIAN WAY
APT 108
MIAMI, FL 33139
(Note: **MAY BE POST OFFICE BOX**)

SEPTEMBER 3, 2010
3. Date of filing/registration in Florida

L10000093054
4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

JAMES FERRI

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1000 VENETIAN WAY
APT 108
MIAMI, FL 33139

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.

[Signature]
Signature of a member or authorized representative of a member

JAMES FERRI
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.

[Signature]
Signature of Registered Agent

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

FILED
13 DEC 27 PM 1:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE