

F10000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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11 AUG 18 AM 9:55
TALLAHASSEE, FLORIDA

PA On 8/19/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aventura Construction Corp.
Name of Corporation

DOCUMENT NUMBER: F10000003373

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Ballam
Name of Contact Person

API Processing
Firm/Company

3419 Galt Ocean Drive, Suite A
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

kathy@apiprocessing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Ballam at (954) 567-0013
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2011

KATHY BALLAM
3419 GALT OCEAN DR., STE A
FT. LAUDERDALE, FL 33308

SUBJECT: AVENTURA CONSTRUCTION SERVICES, INC
Ref. Number: F10000003373

We have received your document for AVENTURA CONSTRUCTION SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 011A00018100

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Aventura Construction Corp.
2. The principal office address: 1101 Waverly Avenue
Holtsville, NY 11742
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2-26-2010 Document number: F10000003373

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

API Processing
3419 Galt Ocean Drive, Suite A
P.O. Box NOT acceptable
Fort Lauderdale, FL 33308

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Frank DeMeyer
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/28/11
Date

If signing on behalf of an entity:

Dawn R. Johnson
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

8/8/2011

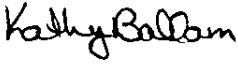
Florida Department of State
Division of Corporations

RE: Aventura Construction Services, Inc.
Ref Number: F10000003373

Dear Carol:

I called your number and you were not in. I was told we need to send a letter letting you know API Processing is registered as a fictitious name, under corporation Alarm Professionals, Inc.

Thank you for your assistance,


Kathy Ballam