

L000000 14053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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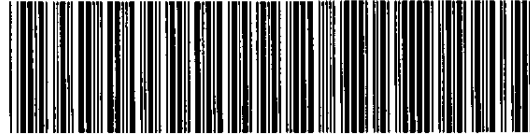
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 06 2015  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWAP SHOP MANAGEMENT, 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:

BETTY D. HENN

Name of Person

SWAP SHOP MANAGEMENT, LLC

Firm/Company

3291 W. SUNRISE BLVD.

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

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

For further information concerning this matter, please call:

BETTY D. HENN

Name of Person

at ( 954 ) 792-7963

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

July 17, 2015

BETTY D HENN  
3291 W SUNRISE BLVD  
FORT LAUDERDALE, FL 33311

SUBJECT: SWAP SHOP MANAGEMENT, L.L.C.  
Ref. Number: L00000016053

We have received your document for SWAP SHOP MANAGEMENT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 315A00015032

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: SWAP SHOP MANAGEMENT, LLC

2. (a) SWAP SHOP MANAGEMENT, LLC (b) SWAP SHOP MANAGEMENT, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3291 W. SUNRISE BLVD.

FORT LAUDERDALE, FL 33311

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3291 W. SUNRISE BLVD.

FORT LAUDERDALE, FL 33311

4/22/15

L00000016053

3. Date of filing/registration in Florida

4. Document number

5. (a) ROGER ALLEN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3438 LAKE WORTH ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LAKE WORTH, FL 33461

(b) RUTH MCPHEE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

FUNLAN THEATRES & SWAP SHOP, INC.

NEW Registered Office Address:

3202 E. HILLSBOROUGH

TAMPA, FL 33610

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

Betty D. Henn  
Signature of a member or authorized representative of a member

Betty D. Henn

Printed or typed name of signer

*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.*

Ruth McPhee  
Signature of Registered Agent

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