

LD2000025511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

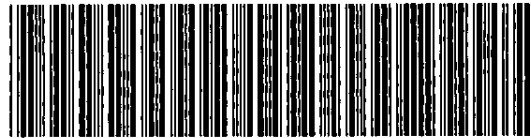
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

APR 30 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2012

PAUL A. SHAPIRO  
1835 FIDDLER COURT  
TALLAHASSEE, FL 32308

SUBJECT: SHAPIRO HOLDINGS GROUP, LLC  
Ref. Number: L02000025511

We have received your document for SHAPIRO HOLDINGS GROUP, 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):

We are enclosing the proper form(s) with instructions 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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 512A00012182

**FILED**  
12 APR 30 AM 4:16  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shapiro Holdings 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:

Paul Shapiro  
Name of Person

Shapiro Holdings Group, LLC  
Firm/Company

1835 Fiddler Court  
Address

Tallahassee, FL 32308  
City/State and Zip Code

shapiro.paul.lawyer@msn.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
12 APR 30 AM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Shapiro at (850) 224-1011  
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

**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: Shapiro Holdings Group, LLC

2. (a) Principal office address of limited liability company: 1835 Fiddler Court  
Tallahassee, FL 32308  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

2002  
3. Date of filing/registration in Florida

L 02 0000 25511  
4. Document number

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

Registered Agent:

Paul Shapiro

Registered Office Address:

1882 Capital Circle N.E. #204  
Tallahassee, FL 32308

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

**NEW Registered Agent:**

Paul Shapiro

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

1835 Fiddler Court  
Tallahassee, FL 32308

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

Paul A. Shapiro, Mgem  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity and 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**  
**12 APR 30 AM 4:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**