

L02000033608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

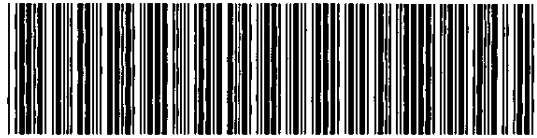
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV - 7 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** J. and B. L.L.C.  
(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:

Charles E. Muller II  
(Name of Person)

Muller & Lebensburger  
(Firm/Company)

7385 Galloway Road, Suite 200  
(Address)

Miami, Florida 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E. Muller II at ( 305 ) 670-6770  
(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

# MULLER & LEBENSBURGER

Attorneys at Law

Charles E. Muller II  
Brian A. Lebensburger  
Michael P. Schwartz

of counsel

Dale A. Heckerling

7385 Galloway Road  
Suite 200  
Miami, Florida 33173  
Telephone: 305-670-6770  
Fax: 305-670-6769

Writer's Direct Extension: 320

November 3, 2008

**Via Certified Mail, Return Receipt Requested**

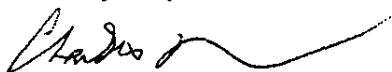
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: J. and B. L.L.C.**

Dear Sir or Madam:

Enclosed are the following completed documents pertaining to the above-referenced entity: cover letter, Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and Limited Liability Company Reinstatement, along with a check for \$163.75 to cover the filing fee for the change of registered agent and office (\$25.00) and Annual Report Fee (\$138.75).

Yours very truly,



CHARLES E. MULLER II

CEM:tp

Enclosures: as stated

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**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: J. and B. L.L.C.

2. (a) Principal office address of limited liability company: 10598 NW South River Drive  
(Note: MUST BE STREET ADDRESS) Medley, Florida 33178

(b) Mailing address of limited liability company: 10598 NW South River Drive  
(Note: MAY BE POST OFFICE BOX) Medley, Florida 33178

3. Date of filing/registration in Florida 12/16/02 4. Document number L02000033608

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

Registered Agent: Jack Goldsworth

Registered Office Address: 1219 Blue Road  
Coral Gables, Florida 33146

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

NEW Registered Agent: William Miranda

NEW Registered Office Address: 10598 NW South River Drive  
(MUST BE FLORIDA STREET ADDRESS) Medley, FL 33178

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. Isle Partners, L.L.C., member, by William Miranda, manager

X William Miranda  
(Signature of a member or authorized representative of a member)

William Miranda  
(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.*

X William Miranda  
(Signature of Registered Agent) William Miranda

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

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2008 NOV -6 A 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA