

WC3 0000002446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

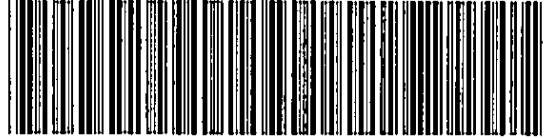
Certificates of Status _____

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AUG 23 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLBORN LC

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:

Douglas C. Broeker, Esq.

Name of Person

Sweetapple, Broeker & Varkas, P. L.

Firm/Company

4800 North Federal Highway, Suite D306

Address

Boca Raton, FL 33431

City/State and Zip Code

docservice@broekerlaw.com

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

For further information concerning this matter, please call:

Douglas C. Broeker, Esq.

at (561)

392-1230

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 AUG 12 PM 4:26
RECEIVED
FBI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2022

DOUGLAS C. BROEKER, ESQ.
SWEETAPPLE, BROEKER & VARKAS, P.L.
4800 NORTH FEDERAL HIGHWAY, SUITE D306
BOCA RATON, FL 33431

SUBJECT: HOLBORN LC
Ref. Number: L03000002446

AUG 12 2022
BY:

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

According to our records the current Registered Agent is NRAI Services, Inc. Please correct your document according.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 722A00014303

**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: HOLBORN LC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4800 North Federal Highway, Suite D306

Boca Raton, FL 33431

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4800 North Federal Highway, Suite D306

Boca Raton, FL 33431

January 21, 2003

L03000002446

3. Date of filing/registration in Florida

4. Document number

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

NRAI Services, Inc.

Registered Office Address ~~(MUST BE FLORIDA STREET ADDRESS)~~

1200 S. Pine Island Rd.

Plantation

, FL 33324

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

Douglas C. Brocker, Esq.

NEW Registered Office Address:

4800 North Federal Highway, Suite D306

Boca Raton, FL 33431

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 of member or authorized representative of a member

Alexandre Cedrosch

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.


Signature of Registered Agent

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

2022 AUG 12 PM 4:26
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS