

L 03 0000002653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2008

CHRISTINA ARCE
RE/MAX ADVANTAGE PLUS
601 S. FEDERAL HWY STE 100
BOCA RATON, FL 33432

SUBJECT: ASSOCIATES PLUS, LLC
Ref. Number: L03000002653

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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We have received your document for ASSOCIATES PLUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 608A00055122

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Associates Plus 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:

Christina Arce
(Name of Person)

RE/MAX Advantage Plus
(Firm/Company)

601 S. Federal Hwy Ste 100
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
08 NOV 13 PM 2:18

For further information concerning this matter, please call:

Christina Arce at (561) 20-5011
(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: Associates Plus LLC

2. (a) Principal office address of limited liability company: 400 E. Linton Blvd. Ste G5
Delray Beach, FL 33483
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company: 601 S. Federal Hwy Ste 100
Boca Raton, FL 33432
*(Note: **MAY BE POST OFFICE BOX**)*

1/23/03
3. Date of filing/registration in Florida

L03000002653
4. Document number

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

Registered Agent: Keith T. Grumer

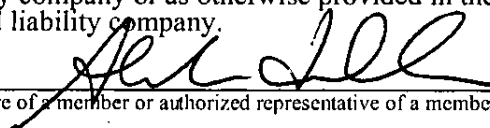
Registered Office Address: One East Broward Blvd. Ste 1501
Ft. Lauderdale, FL 33301

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

NEW Registered Agent: Alan R. Innella

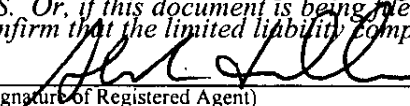
NEW Registered Office Address: 601 S. Federal Hwy Ste 100
Boca Raton, FL 33432
(MUST BE FLORIDA STREET ADDRESS)

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 a member or authorized representative of a member)

Alan R. Innella
(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.


(Signature of Registered Agent)

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

FILING FEE: \$25.00