

L030000014282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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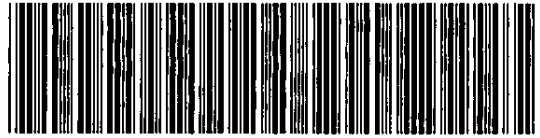
(Business Entity Name)

(Document Number)

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10 MAR 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 26 2009

EXAMINER



Brian K. Duffey, Esq.
Shareholder

350 Camino Gardens Blvd., Suite 303
Boca Raton, Florida 33432
Phone: 561.862.4176 | Fax: 561.862.4983
Email: bkd@theduffeylawfirm.com
www.theduffeylawfirm.com

March 22, 2010

Certified Mail/Return Receipt Requested

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

RE: Broward E.N.T. Consultants, P.L.
Narayan Enterprise, LLC
Broward A/V Testing, P.L.

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10 MAR 25 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Enclosed please find a change of Registered Office Address for each of the above corporations along with a check in the amount of \$75.00 representing your fee for filing the change forms.

Thank you for your attention to this matter.

Very truly yours,


The Duffey Law Firm
By: Brian K. Duffey

BKD/lis

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROWARD AV TESTING, P.L.
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:

BRIAN K. DUFFEY
Name of Person

THE DUFFEY LAW FIRM
Firm/Company

350 Camino Gardens Blvd., Ste 303
Address

Boca Raton, FL 33432
City/State and Zip Code

louise@theduffeylawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian K. Duffey at (561) 862-4176
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

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10 MAR 25 PM 1:14
SECRETARY 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 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: Broward AV Testing, P.L.

2. (a) Principal office address of limited liability company: 5511 N. University Drive, Ste 101-F

☒ (Note: **MUST BE STREET ADDRESS**) Coral Springs, FL 33067

(b) Mailing address of limited liability company: 5511 N. University Drive, Ste 101-B

☒ (Note: **MAY BE POST OFFICE BOX**) Coral Springs, FL 33067

4/21/2003

L03000014282

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:

Registered Agent: Brian K. Duffey, Esq.

Registered Office Address: 7601 No. Federal Hwy, Ste 200
Boca Raton, FL 33487

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

NEW Registered Agent: _____


NEW Registered Office Address: 350 Camino Gardens Blvd., Ste 100
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33432

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

RAM MADASU
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