

L03000021109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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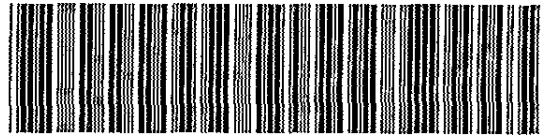
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: YOMTOB VENTURES, LLC  
(Name of corporation)

DOCUMENT NUMBER: L03000021109

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BEN YOMTOB  
(Name of person)

YOMTOB VENTURES, LLC  
(Name of firm/company)

14000 MILITARY TRAIL, SUITE 205  
(Address)

DELRAY BEACH, FL 33484  
(City/state and zip code)

For further information concerning this matter, please call:

BEN YOMTOB at (561) 381-3333  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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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. The name of the limited liability company is: YOMTOB VENTURES LLC
2. The mailing address of the limited liability company is: 14000 MILITARY TRAIL,  
SUITE 205, DELRAY BEACH, FL 33484  
6/11/03 L030000021109
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BEN YOMTOB  
Name  
14000 MILITARY TRAIL, SUITE 205  
Address  
DELRAY BEACH, FL 33484  
City, State and Zip

6. The name and address of the new registered agent and/or office:

MITCHELL T. McRAE, P.A.  
Name  
6274 LINTON BLVD, SUITE 100  
Florida street address (P.O. Box NOT acceptable)  
DELRAY BEACH, FL 33484  
City, State and Zip

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)

BEN YOMTOB MGRM  
(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]  
(Signature of Registered Agent)

MITCHELL T. McRAE, P.A.

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

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