

LD4000034368

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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LD4-34368
JL



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 27, 2005

PETER YU
2240 NW 129TH TERR
PEMBROKE PINES, FL 33028

SUBJECT: 1 FINANCIAL MANAGEMENT SERVICES, LLC
Ref. Number: L04000034368

We have received your document for 1 FINANCIAL MANAGEMENT SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 005A000588

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1 FINANCIAL MANAGEMENT SERVICES, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000034368

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:

PETER YU, CPA
(Name of Contact Person)

(Firm/Company)

2240 NW 129TH AVE
(Address)

PEMBROKE PINES, FL 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER YU at (954) 2706780
(Name of Contact Person) (Area Code & Daytime Telephone Number)

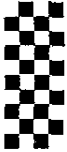
Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Facsimile transmittal

To: Tammy Kline Fax: 850 245 6030
From: Peter Yu Date: 9/30/2005
Re: Pages: 3
CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Miss Tammy Kline,

I have enclosed the form for the change in the name of the registered agents name. The company has no activity and it seems like the company has been involuntarily been dissolved which is fine by me.

Regards

Peter Yu

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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. The name of the limited liability company is: Financial management services LLC
2. The mailing address of the limited liability company is: 2240 NW 42nd Ave
Pembroke Pines, FL 33028

5/5/04
3. Date of filing/registration in Florida

L04000034368
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:

CORPORATION SERVICE Company
Name
1201 HAYS STREET
Address
TALLAHASSEE FL 32301
City, State and Zip

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

PEFER YU
Name
2240 NW 42nd Ave
Florida street address (P.O. Box NOT acceptable)
Pembroke Pines FL 33028
City, State and Zip

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TALLAHASSEE, FLORIDA

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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)

PEFER YU
(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 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)

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