

LD4000041298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

LD4- 41298

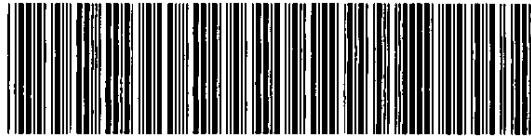
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09 OCT 14 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Orlan OCT 14 2009

**COVER-LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FA BUSINESS 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:

FUAD A ABUCHAIBE

Name of Person

FA BUSINESS LLC

Firm/Company

150 EAST ROBINSON STREET SUITE 1809

Address

ORLANDO FL 32801

City/State and Zip Code

fuadabu04@hotmail.com

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

For further information concerning this matter, please call:

FUAD A ABUCHAIBE

Name of Person

at ( 321 )

746-3941

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2009

FAUD A. ABUCHAIBE 2ND ML  
111 EAST WASHINGTON STREET  
SUITE 2816  
ORLANDO, FL 32801

SUBJECT: FA BUSINESS LLC  
Ref. Number: L04000041298

We have received your document for FA BUSINESS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 109A00030760

**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: FA BUSINESS LLC

2. (a) Principal office address of limited liability company: 150 EAST ROBINSON STREET

☒ (Note: **MUST BE STREET ADDRESS**)

SUITE 1809  
ORLANDO FL 32801

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

06/02/2004

3. Date of filing/registration in Florida

L04000041298

4. Document number

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

Registered Agent:

FUAD A ABUCHAIBE

Registered Office Address:

150 EAST ROBINSON ST SUITE 1809  
ORLANDO FL 32801

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

**NEW** Registered Agent:

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

111 EAST WASHINGTON STREET  
SUITE 2816  
ORLANDO, FL 32801

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.

Fuad A Buchaibe  
Signature of a member or authorized representative of a member

FUAD A ABUCHAIBE

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**