

LD4000064650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

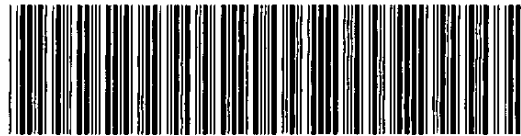
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan DEC 24 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2007

MARTIN BOBECK
5335 CAMBRIDGE DRIVE
BEAUMONT, TX 77707

SUBJECT: FARISIDE PROPERTIES, LLC
Ref. Number: L04000064650

We have received your document for FARISIDE PROPERTIES, 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):

The new Registered Agent must sign the acceptance.

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
Document Specialist

Letter Number: 607A00067981

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Farside Properties, 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:

MARTIN BOBEK

(Name of Person)

FARSIDE PROPERTIES, LLC

(Firm/Company)

5335 CAMBRIDGE DRIVE

(Address)

BEAUMONT, TX 77707

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN BOBEK

(Name of Person)

at (409) 838-1223

(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 (previously provided) ☐ \$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. The name of the limited liability company is: Farside Properties, LLC

2. The mailing address of the limited liability company is: _____

5335 Cambridge Dr, Beaumont, TX 77707

10/2004

3. Date of filing/registration in Florida

L04000064650

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:

MARTIN BOBEK

Name

11475 Swift Water Circle

Address

Orlando, FL 32817

City, State and Zip

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

Christine Collins

Name

901 Middle Drive

Florida street address (P.O. Box NOT acceptable)

Ft. Walton Beach FL 32547

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.

Martin Bobek

(Signature of a member or authorized representative of a member)

MARTIN BOBEK

(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.

*

Christine Collins

(Signature of Registered Agent)

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

FILING FEE: \$25.00

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