

LOS000020105

(Requestor's Name)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oulgen MAY 31 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAMELA FARBER, 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:

MICHAEL E. CHAPNICK, ESQ  
Name of Person

CHAPNICK Community Assoc. LAW P.A.  
Firm/Company

5301 NORTH FEDERAL HIGHWAY, SUITE 250  
Address

BOCA RATON FL 33487  
City/State and Zip Code

MCHAPNICK@CCALPA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Chapnick at ( 561 ) 330-3096  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2013

MICHAEL E. CHAPNICK  
CHAPNICK COMMUNITY ASSOCIATION LAW, PA  
5301 NORTH FEDERAL HIGHWAY, STE. 250  
BOCA RATON, FL 33487

SUBJECT: PAMELA FARBER, LLC  
Ref. Number: L05000020105

We have received your document for PAMELA FARBER, 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) 245-6051.

Noysa Culligan  
Regulatory Specialist II

Letter Number: 213A00012181

**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: PAMELA FARBER, LLC.
2. (a) Principal office address of limited liability company: 7472 PINEWALK DRIVE SOUTH  
MARGATE, FL 33067  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 02/28/2005
4. Document number: L0500002010

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

Registered Agent:

MICHAEL E. CHAPNICK, ESQ.

Registered Office Address:

100 E. LINTON BLVD.  
SUITE 502 B  
DELCAY BEACH, FL 33483

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

NEW Registered Agent:

MICHAEL E. CHAPNICK, ESQ.

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

5301 NORTH FEDERAL HWY SUITE 250  
BOCA RATON, FL FL 33487

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.

Pamela Farber  
Signature of a member or authorized representative of a member

PAMELA FARBER  
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