

L05000020394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

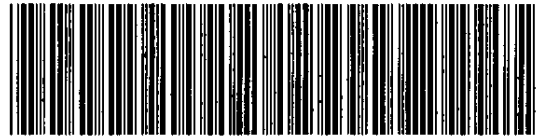
Special Instructions to Filing Officer:

A. LUNT

NOV 18 2009

EXAMINER

Office Use Only



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10/09/09--01039--013 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV 17 PM 3:52

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2009

PATRICK CIOFFI, JR.  
1223 WILSHIRE BLVD.  
SUITE 999  
SANTA MONICA, CA 90403

SUBJECT: PREMIER PARTNERS MARKETING, LLC  
Ref. Number: L05000020394

We have received your document for PREMIER PARTNERS MARKETING, 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 809A00032804

**STEVEN GINNS**  
**ATTORNEY AT LAW**  
370 W. Camino Gardens Blvd.  
Suite 300  
Boca Raton, Florida 33432  
(561) 338-5281  
Fax: (561) 338-3696

November 9, 2009

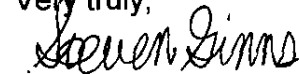
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Premier Partners Marketing, LLC  
Reference # L05000020394

Dear Division of Corporations:

A copy of your October 1, 2009 letter, the corrected form for changing the registered office and registered agent and the required cover letter are enclosed. Please file the requested changes for the registered office and registered agent.

Very truly,



Steven Ginns

SG/bbh

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** change of registered office and registered agent  
Name of Corporation

**DOCUMENT NUMBER:** L05000020394

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:

Patrick Cioffi, Jr.  
Name of Contact Person

Firm/Company

1223 Wilshire Blvd. Suite 999  
Address

Santa Monica, California 90403  
City/State and Zip Code

Patrick@PCJR.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Cioffi, Jr. at ( 310 ) 463-2728  
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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** change of registered office and registered agent  
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:

Patrick Cioffi, Jr.

Name of Person

Premier Partners Marketing, LLC

Firm/Company

1223 Wilshire Blvd. Suite 999

Address

Santa Monica, California 90403

City/State and Zip Code

Patrick@PCJR.net

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

For further information concerning this matter, please call:

Patrick Cioffi, Jr.

Name of Person

at ( 310 )

463-2728

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

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2009 NOV 17 PM 3:52  
SECRETARY OF STATE  
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. Name of the limited liability company: Premier Partners Marketing, LLC

2. (a) Principal office address of limited liability company: 1223 Wilshire Blvd. Suite 999

☐ (Note: **MUST BE STREET ADDRESS**) Santa Monica, California 90403

(b) Mailing address of limited liability company: 1223 Wilshire Blvd. Suite 999

☐ (Note: **MAY BE POST OFFICE BOX**) Santa Monica, California 90403

02/28/2005  
3. Date of filing/registration in Florida

4. Document number

L05000020394

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

Registered Agent: Patrick Cioffi, Jr.

Registered Office Address: 7040 W. Palmetto Park Road Suite 106  
Boca Raton, Florida 33433

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

**NEW Registered Agent:** Steven Ginns

**NEW Registered Office Address:** 370 W. Camino Gardens Blvd.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 300  
Boca Raton Florida 33432, FL 33432

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 of a member or authorized representative of a member

PATRICK CIOFFI JR  
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.*

Steven Ginns  
Signature of Registered Agent

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