

LO5000026320

00789-00623-00608-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO5-26320

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTON COMMERCIAL CENTER 2, 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:

DANIELA VILLASMIL

(Name of Person)

WAKE UP AMERICA GROUP

(Firm/Company)

2950 GLADES CIRCLE SUITE 1

(Address)

WESTON FL 33327

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELA VILLASMIL

(Name of Person)

at (954)

349-2455

(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

February 28, 2006

DANIELA VILLASMIL
WAKE UP AMERICA GROUP
2950 GLADES CIRCLE SUITE 1
WESTON, FL 33327

SUBJECT: WESTON COMMERCIAL CENTER 2, LLC
Ref. Number: L05000026320

We have received your document for WESTON COMMERCIAL CENTER 2, 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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 906A00014057

**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: WESTON COMMERCIAL CENTER 2 LLC
2. The mailing address of the limited liability company is : 2950 GLADES CIRCLE SUITE 1 ,
WESTON, FL 33327

JANUARY 25, 2006

L05000026320

3. Date of filing/registration in Florida

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:

CORPORATE CREATIONS

Name

941 FOURTH STREET

Address

MIAMI BEACH FL 33139

City, State and Zip

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

FRANCESCO FURNARI

Name

2950 GLADES CIRCLE SUITE 1

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

WESTON

FL 33327

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.

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

FRANCESCO FURNARI

(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 of Registered Agent)

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

FILING FEE: \$25.00

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STATE
TALLAHASSEE FLORIDA