

L05000028761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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2009 APR 15 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 16 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

JOB JACQUES
4500 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

SUBJECT: JOB JACQUES, LLC
Ref. Number: L05000028761

We have received your document for JOB JACQUES, LLC and check(s) totaling \$20.00. However, your check(s) and document are being returned for the following:

The fee to file the registered agent change is \$25.00.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 709A0001078

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Job Jacques, 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:

Job Jacques
(Name of Person)

Job Jacques
(Firm/Company)

4500 University Dr.
(Address)

Coral Springs, FL 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

Job Jacques at (954) 600-9684
(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

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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: Job Jacques
2. (a) Principal office address of limited liability company: 4500 University Dr.
(Note: **MUST BE STREET ADDRESS**) Coral Springs, FL 33065
- (b) Mailing address of limited liability company: 4500 University Dr.
(Note: **MAY BE POST OFFICE BOX**) Coral Springs, FL 33065
3. Date of filing/registration in Florida: 11/07/2006
4. Document number: L05000028761

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

Registered Agent:

Registered Office Address:

Corporate Creations Network INC
11380 Prosperity Farms Road #201E
Palm Beach Gardens, FL 33410 U.S

- (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**)

Job Jacques
4500 University Dr.
Coral Springs, FL 33065

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.

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

Job JACQUES
(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.

Job Jacques
(Signature of Registered Agent)

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