

L05000044173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2005 DEC 27 PM 12:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DEC 29 2005

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Massary, 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:

Paul A. Barthole  
(Name of Person)

Paul A. Barthole  
(Firm/Company)

12930 SW 128 Street, Suite 102  
(Address)

Miami, FL 33186  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul A. Barthole at ( 305 ) 378-6988  
(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

INHS18 (8/05)

*Please see enclosed letter*

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2005

PAUL A. BARTHOLE  
12930 SW 128 STREET, SUITE 102  
MIAMI, FL 33186

SUBJECT: MASSARY, LLC  
Ref. Number: L05000044173

COPY

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TALLAHASSEE, FLORIDA

We have received your document for MASSARY, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 705A00070773

**PAUL A. BARTHOLE**

Accountant

Professional

12930 SW 128 Street, Suite 102  
Miami, FL 33186  
Office: 305.378.6988  
Fax: 305.437.7650  
Pbarthole@BartholeRosario.com  
www.BartholeRosario.com

December 23, 2005

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

Re: Massary LLC

To Whom It May Concern:

Please find enclosed your letter dated December 7, 2005 returning to me documents filed to change the Registered Agent for Massary LLC.

Also enclosed are new forms to be filed. Please apply the \$35 included with the first filing to this filing, and refund the \$10 difference in filing fee. The payment check should be made out to Massary LLC.

Thank you for your prompt processing of this document. Should you have any questions, please do not hesitate to contact me.

Sincerely,

  
Paul A. Barthole

PAB/pab

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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. The name of the limited liability company is: Massary, LLC
2. The mailing address of the limited liability company is : P. O. Box 403696 Miami Beach, FL 33140

05/04/2005

L05000044173

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:

Marcelo Spivak

Name

10101 SW 62 Ave

Address

Pinecrest, FL 33156

City, State and Zip

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

Marcelo Spivak

Name

3780 Royal Palm Ave

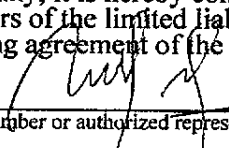
Florida street address (P.O. Box NOT acceptable)

Miami Beach 33140-3696 FL

City, State and Zip

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TALLAHASSEE, FLORIDA

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)

Marcelo Spivak

(Printed or typed name of signee)

*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