

LD5000071784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

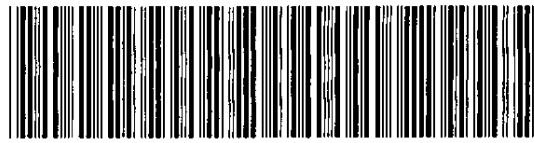
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 6 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2010

HON. ALBAN I. NILES
4901 WASHINGTON AVE.
ORLANDO, FL 32819-3258

SUBJECT: LEVY BRONSON PARTNERS, LLC
Ref. Number: L05000071784

We have received your document for LEVY BRONSON PARTNERS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00015130

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVY BRONSON PARTNERS, 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:

HON. ALBAN I. NILES

Name of Person

Firm/Company

4901 Washington Ave

Address

Orlando, FL 32819-3258

City/State and Zip Code

judgeain@netzero.net

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

For further information concerning this matter, please call:

Hon. Alban I. Niles

Name of Person

at (352)

250-5090

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

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: LEVY BRONSON PARTNERS, LLC

2. (a) Principal office address of limited liability company: 4901 WASHINGTON AVE

(Note: **MUST BE STREET ADDRESS**)

ORLANDO, FL 32819-3258

(b) Mailing address of limited liability company: 4901 WASHINGTON AVE

(Note: **MAY BE POST OFFICE BOX**)

ORLANDO, FL 32819-3258

07/21/2005

3. Date of filing/registration in Florida

4. Document number

L05000071784

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

Registered Agent:

NEVILLE RAMNARAIN

Registered Office Address:

17925 Coralwood Ln
Coralwood, FL 34736

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

NEW Registered Agent:

HON. ALBAN I. NILES

NEW Registered Office Address:

4901 WASHINGTON AVE

(MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32819-3258

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.

Alban I. Niles
Signature of a member or authorized representative of a member

HON. ALBAN I. NILES
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.

Alban I. Niles
Signature of Registered Agent

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

FILING FEE: \$25.00