

LD5000080791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADLAND 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:

GWEN E. SAKOLOVE  
(Name of Person)

SUPER COUPS  
(Firm/Company)

7192 MAYLE RIDGE TRAIL  
(Address)

BOYNTON BEACH FL 33437  
(City/State and Zip Code)

For further information concerning this matter, please call:

GWEN E. SAKOLOVE at ( 561 ) 596-3986  
(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)

\* PAID \$35 per attached letter.  
Please return \$10, payable to "Gwen SAKOLOVE"



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2006

GWEN E. SAKOLOVE  
SUPER COUPS  
7292 MAPLE RIDGE TRAIL  
BOYNTON BEACH, FL 33437

SUBJECT: ADLAND LLC  
Ref. Number: L05000080791

We have received your document for ADLAND 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 806A00068704

**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: ADLAND LLC
2. The mailing address of the limited liability company is: 7292 MAPLE RIDGE TRAIL  
BOYNTON BEACH FL 33437
3. Date of filing/registration in Florida 01/15/05
4. Document number 20-3315494

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  
11380 PROSPERITY FARMS RD #221E  
Address  
PALM BEACH GARDENS FL 33410  
City, State and Zip

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

SUPERCOUS / GWEN E. SAKOLOVE  
Name  
7292 MAPLE RIDGE TRAIL  
Florida street address (P.O. Box NOT acceptable)  
BOYNTON BEACH FL 33437  
City, State and Zip

FILED  
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DIVISION OF CORPORATIONS  
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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.

Gwen E. Sakolove  
(Signature of a member or authorized representative of a member)

GWEN E. SAKOLOVE  
(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.

Gwen E. Sakolove  
(Signature of Registered Agent)

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