

L05000094458

00789-00524-00671

form- LLC not INC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L05-94458

(Document Number)

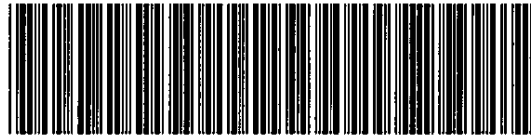
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/12 R/A change

Office Use Only

mjt



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11/20/06--01041--017 ~~**35.00~~

25.00

FILED
06 DEC 12 PM 5:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2006

BONNIE ALBRIGHT
NEIGHBORHOOD SKATEBOARDS LLC
6368 NW 23RD ST
MARGATE, FL 33063

SUBJECT: NEIGHBORHOOD SKATEBOARDS LLC
Ref. Number: L05000094458

We have received your document for NEIGHBORHOOD SKATEBOARDS 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 must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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: 506A00068250

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neighborhood Skateboards
(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:

Bonnie T. Albright
(Name of Person)

Neighborhood Skateboards
(Firm/Company)

6368 NW 13 ST
(Address)

Margate, FL 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Albright at (954) 806-5914
(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

**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: Neighborhood Skateboards
2. The mailing address of the limited liability company is : 6368 NW 23 ST Margate, FL 33063
10/06/05 20-3583730
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:

AIA Corporate Services Inc
Name
6901 Okeechobee Blvd Unit J5
Address
West Palm Beach, FL 33411
City, State and Zip

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

Bonnie Albright
Name
6368 NW 23 ST
Florida street address (P.O. Box NOT acceptable)
Margate FL 33063
City, State and Zip

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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.

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

BONNIE ALBRIGHT
(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]
(Signature of Registered Agent)

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