

LD5000106958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

JUN -7 2011

EXAMINER

Office Use Only



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06/06/11--01043--003 **145.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN -6 PM 1:35

FILED

QDRO

direct, LLC

QDRO and Pension Consultants

\$25.00

May 3, 2011

resent
overnight
6/1/11

Attn: Darlene

Registration Section

Division of Corporations

PO Box 6327 Clifton Bldg. 2661 Executive Center Circle
Tallahassee, FL 32314 32301

RE: Change of Address and Registered Agent Address Change

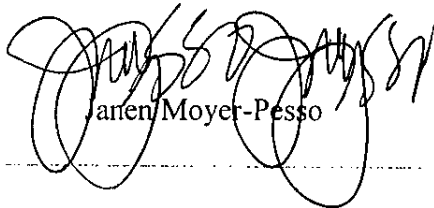
Enclosed please find check# ~~2419~~ in the amount of \$145 for the Address Change and Address Change for the Registered Agents for the following:

1. QDRO Direct, LLC
- 2. Pesso Properties, LLC
3. Pesso Properties II, LLC
4. Steven Pesso, P.A.
- 5. Pesso Advisor Group, Inc.

Please process the enclosed requests as soon as possible.

If you have any questions you may contact me at: (561) 394-2337.

Thank you,


Jaren Moyer-Pesso

Sanctuary Center
Suite E-302
4800 N. Federal Hwy.
Boca Raton, FL 33431

Tel: (561) 394-2337
Fax: (561) 394-2197

www.qdrodirect.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

QDRO Direct, 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:

Tanen Moyer-Pesso

Name of Person

QDRO Direct, LLC

Firm/Company

Sanctuary Center
4800 N. Federal Hwy.

Address

Suite E-302

Boca Raton, FL 33431

City/State and Zip Code

jmpesso@aol.com

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

For further information concerning this matter, please call:

Tanen Moyer-Pesso at (561) 394-2337

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


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN -6 PM 1:35

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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: QDRO Direct, LLC
2. (a) Principal office address of limited liability company: Sanctuary Center
Suite E-302
4800 N. Federal Hwy.
Boca Raton, FL 33431
- (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same as 
- (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 11/3/05
4. Document number: L05000106958

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

Registered Agent:

Registered Office Address:

Janen Moyer-Pesso
350 Camino Garden
#107
Boca Raton, FL 33432

- (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)

Janen Moyer-Pesso
Sanctuary Center
Suite E-302
4800 N. Federal Hwy
Boca Raton, FL 33431

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

Printed or typed name of signer

Janen Moyer-Pesso

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