

LO5000118415

(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:

Office Use Only



800241511958

LO5-118415

11/02/12--01013--027 \*\*25.00

Change of RA

FILED  
12 NOV -2 AM 9:34  
STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU  
NOV 12 2012  
EXAMINER

NOV-13

From: 5619946277

5619946277

Page: 1/5

MedReceivables Advisor Fin Mngmt  
1108 E. Newport Center Dr.  
Deerfield Beach, FL 33442  
Main 561.988.8890  
Direct 561.880.6714  
Fax 561.994.6277

# Fax

To: Nanette

From: CGV Investments - Pat Hildebrandt

Company: FL Dept of State Div. of Corporation Pages: 5

Fax: 850-245-6030

Date: 11/13/12

RE: Change of Agent

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Document # L05000118415

Hi Nanette,

Here is a copy of the canceled check (front and back) along with all the original paperwork that was sent 10/30/12. Please call and let me know the status of the change. My direct # is 561-880-6701. My email is [patricia.hildebrandt@medreceivables.com](mailto:patricia.hildebrandt@medreceivables.com).

Thank you,

Pat

NOV-13

11/13/2012

From: 5619946277

5619946277

Page: 2/5


11/13/2012 03:54

5617508225

SABADELL UNITED

PAGE 02/02

Page 1

CGV Investments, LLC PO Box 812170 Boca Raton, FL 33401 PH. 561-988-8890		Mellon United National Bank 1801 North Military Trail Boca Raton, FL 33431		1291
PAY **** TWENTY FIVE & 0/100 DOLLARS		DATE	AMOUNT	
TO THE ORDER OF		10/30/12	\$ **25.00	
Florida Dep of State Division of Corporations PO Box 6327 Tallahassee, FL 32314		AUTHORIZED SIGNATURE		
				
⑈0001291⑈ ⑈067009646⑈ ⑈0221003635⑈		⑈0000002500⑈		

Tracer: 1000006065 - Amt: \$25.00 - 11/7/2012

BANK OF AMERICA, N.A. NY  
⑈0110001384 ⑈7209 94 PPS  
11/05/12  
6550376497

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
⑈0001291⑈ ⑈067009646⑈ ⑈0221003635⑈  
⑈0000002500⑈  
2999 72422

ENDORSE HERE

Tracer: 1000006065 - Amt: \$25.00 - 11/7/2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CGV Investments, 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:

Donald T. Cohen

Name of Person

CGV Investments, LLC

Firm/Company

P.O. Box 812170

Address

Boca Raton, FL 33481-2170

City/State and Zip Code

patricia.hildebrandt@medreceivables.com

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

For further information concerning this matter, please call:

Patricia Hildebrandt

Name of Person

at ( 561 )

880-6701

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: CGV Investments, LLC

2. (a) Principal office address of limited liability company: C/O Donald Cohen

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

1108 E. Newport Center Drive  
Deerfield Beach, FL 33442

(b) Mailing address of limited liability company: C/O Donald Cohen

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

P.O. Box 812170  
Boca Raton, FL 33481

3/15/06

L05000118415

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

National Registered Agents, Inc.

Registered Office Address:

P.O. Box 12432  
Newark, NJ 07101-3532

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

**NEW Registered Agent:**

Donald T. Cohen

**NEW Registered Office Address:**

1108 East Newport Center Drive

**(MUST BE FLORIDA STREET ADDRESS)**

Deerfield Beach, FL 33442

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

Donald T. Cohen

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