

L060000 34273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2013

SELVIN PASSEN MD
2001 SW 20TH ST STE 102
FT LAUDERDALE, FL 33315

SUBJECT: WEST YARD PARTNERS, LLC
Ref. Number: L06000034273

We have received your document for WEST YARD PARTNERS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00023388

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WEST YARD PARTNERS, LLC
Name of Corporation

DOCUMENT NUMBER: L06000034273

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Selvin Passen, M.D.

Name of Contact Person

Firm/Company

2001 SW 20TH ST, SUITE 102

Address

Ft. Lauderdale, FL 33315

City/State and Zip Code

selpassen@att.net

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

For further information concerning this matter, please call:

Albert L. Frevola, Jr.

Name of Contact Person

at (954) 847-3305

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: PASSEN ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 2001 SW 20th Street, Suite 102
(Note: **MUST BE STREET ADDRESS**) Fort Lauderdale, FL 33315

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

09/20/2000

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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: Murray, David G, Esq.

Registered Office Address: 500 E Broward Blvd, Suite 1950
Fort Lauderdale, FL 33394

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

NEW Registered Agent: Albert L. Frevola, Jr.

NEW Registered Office Address: 633 S. Federal Highway
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33301

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.

Steven Passem, M.D.
Signature of a member or authorized representative of a member

BELVIN PASSEN, M.D.
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