

L06000055366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L06-55366

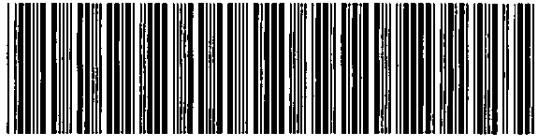
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Summertime Merchant Services, 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:

Robin Sommers  
(Name of Person)

Summertime Merchant Services, LLC  
(Firm/Company)

600 West Hillsboro Blvd # 220  
(Address)

Deerfield Beach, Florida 33441-1610  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Sommers at (954) 570-6757  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2008

PETER TICKTIN, ESQ.  
THE TICKTIN LAW GROUP, P.A.  
800 WEST HILLSBORO BLVD., SUITE 220  
DEERFIELD BEACH, FL 33063

SUBJECT: SOMMERTIME MERCHANT SERVICES, LLC  
Ref. Number: L06000055366

We have received your document for SOMMERTIME MERCHANT SERVICES, LLC and your check(s) totaling \$. 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 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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 408A00053492

**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: SOMMERTIME MERCHANT SERVICES, LLC
2. (a) Principal office address of limited liability company: 600 WEST HILLS BORO BLVD #220  
(Note: **MUST BE STREET ADDRESS**) DEERFIELD BEACH, FL 33441-1610
- (b) Mailing address of limited liability company: SAME AS ABOVE  
(Note: **MAY BE POST OFFICE BOX**)

05-30-2006  
3. Date of filing/registration in Florida

206000055366  
4. Document number

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

Registered Agent:

Registered Office Address:

PETER TICKTIN, ESQUIRE  
3700 COCONUT CREEK PARKWAY  
FL 160  
COCONUT CREEK, FL 33063

- (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)**

PETER TICKTIN ESQUIRE  
600 WEST HILLS BORO BLVD  
SUITE 220  
DEERFIELD BEACH, FL 33441-1610

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)

Robin Sommers  
(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]  
(Signature of Registered Agent)

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

FILED  
JUN 22 AM 10:02  
TALLAHASSEE FLORIDA