

106000056710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2009 DEC 21 AM 11:05

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DEC 22 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3AD 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:

Anjali Deshpande

Name of Person

3AD LLC

Firm/Company

2750 Meadowood Dr

Address

Weston, FL 33332

City/State and Zip Code

deshanju@gmail.com

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

For further information concerning this matter, please call:

Anjali Deshpande

Name of Person

at ( 954- )

647-7488

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

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2009 DEC 21 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: 3AD LLC

2. (a) Principal office address of limited liability company: 2750 Meadowood Dr



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

Weston, FL, 33332

(b) Mailing address of limited liability company:



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

7241 Springside Avenue

Downers Grove, IL 60516

06/02/2006

L06000056710

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:

Anjali Deshpande

Registered Office Address:

2717 Edgewater Ct  
Weston, FL 33332

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

NEW Registered Agent:

Anjali Deshpande

NEW Registered Office Address:

2750 Meadowood Dr.

**(MUST BE FLORIDA STREET ADDRESS)**

Weston, FL 33332

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.

Anjali Deshpande  
Signature of a member or authorized representative of a member

Anjali Deshpande

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.*

Anjali Deshpande  
Signature of Registered Agent

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

FILING FEE: \$25.00