

LD6000085788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

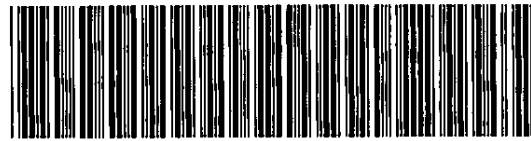
(Business Entity Name)

(Document Number)

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DEC 01 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SR DALE, L.L.C.
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:

Shahrad Mabourakh MD

Name of Person

SR DALE, L.L.C.

Firm/Company

6463 W. Commercial Blvd

Address

Tamarae FL 33319

City/State and Zip Code

DOCMABOURAKH@GMAIL.COM

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

For further information concerning this matter, please call:

Ruth Mabourakh

Name of Person

at (954) 720 1414

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

November 16, 2016

SHAHRAD MABOURAKH
6463 W COMMERCIAL BOULEVARD
TAMARAC, FL 33319

SUBJECT: SR. DALE, LIMITED LIABILITY COMPANY
Ref. Number: L06000085788

RECEIVED
2016 NOV 28 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SR. DALE, LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00024630

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NOV 28 2016
16 NOV 28 AM 10:55
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: SR. DALE, L.L.C.
2. (a) 6463 W. Commercial Blvd (b) 6463 W. Commercial Blvd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Tamarac FL 33319 Tamarac FL 33319

3. 8/30/2006 4. L06000085788
Date of filing/registration in Florida Document number

5. (a) Karen B. Schapira, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10200 W. State Road 84
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#106
Davie FL 33324

- (b) Shahrad Mabouark MD
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6463 W. Commercial Blvd
NEW Registered Office Address:

Tam
Tamarac FL 33319

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16 NOV 28 AM 10:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Shahrad Mabouark
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 605, 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.

X
Signature of Registered Agent