

L06000089506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

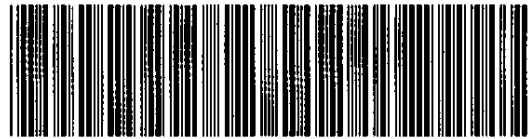
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 AUG -6 PM 1:44

T. HAMPTON

AUG -9 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADZ 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:

Alan E. Zloto

Name of Person

ADZ Investments, LLC

Firm/Company

PO Box 902

Address

Odessa, FL 33556

City/State and Zip Code

drzesto@yahoo.com

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

For further information concerning this matter, please call:

Deborah A. Zloto

Name of Person

at (813)

494-4858

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

RECEIVED

10 AUG -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 27, 2010

ALAN E ZLOTO
ADZ INVESTEMTNS LLC
P.O BOX 902
ODESSA, FL 33556

SUBJECT: ADZ INVESTMENTS, LLC
Ref. Number: L06000089506

We have received your document for ADZ INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00018116

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: ADZ Investments, LLC

2. (a) Principal office address of limited liability company: 6101 Webb Rd Ste 104

☒ (Note: **MUST BE STREET ADDRESS**) Tampa, FL 33615

(b) Mailing address of limited liability company: PO Box 902

☒ (Note: **MAY BE POST OFFICE BOX**) Odessa, FL 33556

09/12/2006 3. Date of filing/registration in Florida 20-5556316 4. Document number

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

Registered Agent: CT Corporation System

Registered Office Address: 1200 South Pine Island Rd
Plantation, FL 33324

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

NEW Registered Agent: Alan E. Zloto

NEW Registered Office Address: 6101 Webb Road Ste 104
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33615
FL

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 action 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

Alan E. Zloto

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