

L06000093887

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 13 PM 2:38

T. HAMPTON

AUG 16 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fratelli Partners 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:

Judith DiVincenzo

Name of Person

Fratelli Partners LLC

Firm/Company

141 Stevens Ave #12

Address

Oldsmar, FL 34677

City/State and Zip Code

judyd@terralume.com

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

For further information concerning this matter, please call:

Judith DiVincenzo

Name of Person

at (727)

474-1946 ext 408

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 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 4, 2010

JUDITH DIVINCENZO
141 STEVENS AVE
12
OLDSMAR, FL 34677

SUBJECT: FRATELLI PARTNERS, LLC
Ref. Number: L06000093887

We have received your document for FRATELLI PARTNERS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 010A00018734

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: Fratelli Partners LLC

2. (a) Principal office address of limited liability company: 141 Stevens Ave #12

☐ (Note: **MUST BE STREET ADDRESS**) Oldsmar, FL 34677

(b) Mailing address of limited liability company: 141 Stevens Ave #12

☐ (Note: **MAY BE POST OFFICE BOX**) Oldsmar, FL 34677

3. Date of filing/registration in Florida 9/26/2006 4. Document number L06000093887

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

Registered Agent: Judith DiVincenzo

Registered Office Address: 3654 Shady Lane
Palm Harbor, FL 34593

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

NEW Registered Agent: (same) Judith DiVincenzo

NEW Registered Office Address: 141 Stevens Ave #12
(MUST BE FLORIDA STREET ADDRESS) Oldsmar, FL 34677

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 of a member or authorized representative of a member

John B. Grant
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 13 2006