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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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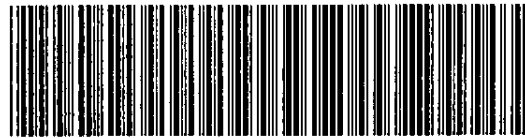
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE
FEB 15 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2011

DEKEL SVORAI
1065 LYONTREE STREET
HOLLYWOOD, FL 33019

SUBJECT: S & E CAPITAL. LLC
Ref. Number: L06000103612

We have received your document for S & E CAPITAL. LLC and your check(s) totaling \$35.00. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 911A00002426

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & E Capital, 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:

Dekel Svorai, Managing Member
Name of Person

S & E Capital, LLC
Firm/Company

1065 Lyontree Street
Address

Hollywood, Florida 33019
City/State and Zip Code

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

For further information concerning this matter, please call:

Dekel Svorai at (954) 383-0734
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

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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: S & E Capital, LLC

2. (a) Principal office address of limited liability company: 1065 Lyontree Street

(Note: **MUST BE STREET ADDRESS**) Hollywood, Florida 33019

(b) Mailing address of limited liability company: 1065 Lyontree Street

(Note: **MAY BE POST OFFICE BOX**) Hollywood, Florida 33019

3. Date of filing/registration in Florida 10/24/2006 4. Document number L06000103612

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

Registered Agent: Dror Svorai

Registered Office Address: 1065 Lyontree Street
Hollywood, Florida 33019

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

NEW Registered Agent: Doron Svorai

NEW Registered Office Address: 1065 Lyontree Street

(**MUST BE FLORIDA STREET ADDRESS**) Hollywood, FL 33019

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.

DS
Signature of a member or authorized representative of a member

Dekel Svorai, Managing Member
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.

DORON SVORAI
Signature of Registered Agent

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