

LD7000003008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Circa Capital Group LLC  
(Name of Corporation)

DOCUMENT NUMBER: LO7000003008

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MASOUD Kavehzadeh  
(Name of Contact Person)

Circa Capital Group LLC  
(Firm/Company)

10640 NW 18 Place  
(Address)

Plantation, FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

MASOUD KAVEHZADEH at (954) 476-4094  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2008

MASOUD KAVEHZADEH  
10640 NW 18 PLACE  
PLANTATION, FL 33322

SUBJECT: CIRCA CAPITAL GROUP LLC  
Ref. Number: L07000003008

We have received your document for CIRCA CAPITAL GROUP 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):

The form you submitted is for a corporation, but your entity is a limited liability company. 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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 608A00039477

**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: Circa Capital Group, LLC.

2. (a) Principal office address of limited liability company: 10640 NW 18 place  
(Note: **MUST BE STREET ADDRESS**) Plantation, FL 33322

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

1/4/2007  
3. Date of filing/registration in Florida

LO7 000 00 3008  
4. Document number

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

Registered Agent:

Corporate Creations International Inc.

Registered Office Address:

11380 Prosperity Farms Road #2210  
Palm Beach Gardens, FL 33410

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

**NEW** Registered Agent:

MASOUD KAVEHZADEH

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

10640 NW 18 place  
Plantation, FL 33322  
, 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 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)

MASOUD KAVEHZADEH

(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  
JUL 28 AM 10:23  
TALLAHASSEE, FLORIDA  
CLERK OF STATE