

LO70000013381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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LO7-13381

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ad Valorem Title, 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:

Jessica Milian
Name of Person

Ad Valorem Title, LLC
Firm/Company

1801 N. Pine Island Rd. #103
Address

Plantation, FL 33322
City/State and Zip Code

jmilian@avtitle.com , dfraser@avtitle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devon Fraser
Name of Person

at (954)

607-5324

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

July 1, 2009

JESSICAN MILLIAN
1801 N. PINE ISLAND ROAD #103
PLANTATION, FL 33322

SUBJECT: AD VALOREM TITLE LLC
Ref. Number: L07000013381

We have received your document for AD VALOREM TITLE LLC and your check(s) totaling \$55.00. 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.

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 709A00022605

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: Ad Valorem Title, LLC

2. (a) Principal office address of limited liability company: 1801 N. Pine Island Rd. #103

☒ (Note: **MUST BE STREET ADDRESS**)

Plantation, FL 33322

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**)

2/6/07

3. Date of filing/registration in Florida

L07000013381

4. Document number

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

Registered Agent: Jessica Milian

Registered Office Address: 1806 North University Dr.
Plantation, FL 33322

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TALLAHASSEE, FLORIDA

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

NEW Registered Agent: Jessica Milian

NEW Registered Office Address: 1801 N. Pine Island Rd. #103
(MUST BE FLORIDA STREET ADDRESS)
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.

Jessica Milian
Signature of a member or authorized representative of a member

Jessica Milian
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.

Jessica Milian
Signature of Registered Agent

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