

W7000016043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2007 SEP 21 AM 10:46  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Falcon Closers, 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:

Paul Baltzer  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

200 East Robinson Street Suite 200  
(Address)

Orlando FL 32801  
(City/State and Zip Code)

2007 SEP 21 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Paul Baltzer at (321) 377-5353  
(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

*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.*

2. The mailing address of the limited liability company is: 200 East Robinson Street  
Suite 200 Orlando FL 32801

4. Document number

State: Steven A Halim  
Name  
207 East Hillcrest Street  
Address  
Orlando FL 32801  
City, State and Zip

Paul Baltzer  
Name  
200 East Robinson Street Suite 20  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando FL 32801  
City, State and Zip

Paul Bulfo  
(Signature of a member or authorized representative of a member)

*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.*

**FILING FEE: \$25.00**