

LOT 000017742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

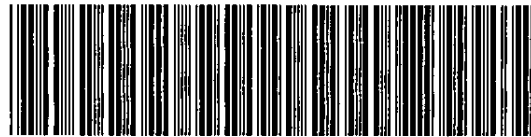
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUL 20 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2012

RICK LATTA
1820 N. CORPORATE LAKES BLVD., SUITE 102
WESTON, FL 33326

SUBJECT: BRAVO FUNDING LLC
Ref. Number: L07000017742

We have received your document for BRAVO FUNDING 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):

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 512A00018463

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bravo Funding, 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:

Rick Latta
Name of Person

Bravo Funding, LLC
Firm/Company

1820 N. Corporate Lakes Blvd., Suite 102
Address

Weston, FL 33326
City/State and Zip Code

tavalatta@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Latta at (954) 384-8799
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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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: Bravo Funding, LLC

2. (a) Principal office address of limited liability company: 1820 N. Corporate Lakes Blvd.

(Note: **MUST BE STREET ADDRESS**)

Suite 102

Weston, FL 33326

(b) Mailing address of limited liability company: 1820 N. Corporate Lakes Blvd.

(Note: **MAY BE POST OFFICE BOX**)

Suite 102

Weston, FL 33326

02/15/2007

3. Date of filing/registration in Florida

L07000017742

4. Document number

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

Registered Agent:

Rick Latta

Registered Office Address: (old address)

2893 Executive Park Drive

Suite 110

Weston, FL 33331

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

NEW Registered Agent:

NEW Registered Office Address:

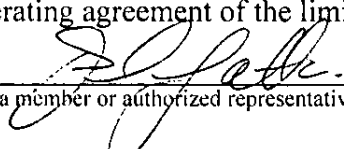
(MUST BE FLORIDA STREET ADDRESS)

1820 N. Corporate Lakes Blvd.

Suite 102

Weston, FL 33326

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

Rick Latta

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