

**LD7000023133**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

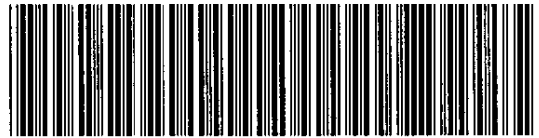
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**FILED**  
2009 JUN 15 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

JUN 17, 2009

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All Points Express Courier 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:

Michael Aub

Name of Person

All Points Express Courier

Firm/Company

366 Altara Ave

Address

Coral Gables ,33146

City/State and Zip Code

allpointsexpresscourier@gmail.com

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

For further information concerning this matter, please call:

Selfida Aub

Name of Person

at ( 305 )

484-1245

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

June 1, 2009

MICHAEL AUB  
ALL POINTS EXPRESS COURIER LLC  
366 ALTARA AVE.  
CORAL GABLES, FL 33146

SUBJECT: ALL POINTS EXPRESS COURIER, LLC  
Ref. Number: L07000023133

We have received your document for ALL POINTS EXPRESS COURIER, 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):

A business entity may not serve as its own registered agent. Please designate an *individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.*

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00018326

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** All Points Express Courier 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:

Michael Aub

Name of Person

All Points Express Courier LLC.

Firm/Company

366 Altara Ave

Address

Coral Gables, FL. 33146

City/State and Zip Code

maub@allpoints-express.com

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

For further information concerning this matter, please call:

Selfida Aub

Name of Person

at ( 305 )

442-4200

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

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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: All Points Express Courier LLC.

2. (a) Principal office address of limited liability company: 366 Altara Ave

☐ (Note: **MUST BE STREET ADDRESS**) Coral Gables, FL 33146

(b) Mailing address of limited liability company: P.O Box 440585

☐ (Note: **MAY BE POST OFFICE BOX**) Miami, FL 33144

March 03 2007 L07000023133  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Mary Lou Rodon-Alvarez P.A

Registered Office Address: 2222 Ponce de Leon Blvd  
Coral Gables, FL 33134

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

**NEW Registered Agent:** Selfida Aub

**NEW Registered Office Address:** 8401 SW 124 Ave  
**(MUST BE FLORIDA STREET ADDRESS)** Unit 103  
Miami, FL 33183

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

Michael Aub

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  
2009 JUN 15 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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