L07000086317

(Requestor's Name)
(Address)
(Address)
(O) - (O) (Z) - (D) (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
•

Office Use Only



600140441706

01/13/09--01020--012 **55.00

2009 JAN 13 AH II: 17

JAN 1 4,2009 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRAND ONE TWELVE STRATEGIC MANAGEMENT SEC (Name of Limited Liability Company)	urity solutions lile
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following:	
WILSON GREGORY IRIZARRY (Name of Person)	
BRNUO ONE TWELVE STRATEGIC MUCT. SEC. SOL. L.L.C. (Firm/Company)	
2002 N. Z8 TH AVE (Address)	
HOLLYWOOD, FL 33020 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (561) 596-1962 (Area Code & Daytime Telephone Num	nber)
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	

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.

Registered Agent: Registered Office Address: LULSON GREGORY IRITARRY Registered Office Address: LUSON GREGORY IRITARRY ILOXAHATCHEE, PL 33476 ILOXAHATCHEE, PL 33476	1. Name of the limited liability company: BRNO ONET	TWELVE STRATEGIC MUGT, SEC. SOL. LLC		
Note: MAY BE POST OFFICE BOX	2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	HOLLYWOOD, FLORIDA 33020		
4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Agent: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office A	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2002 N. 28 AVE HOLLY WOOD, FL 33020		
Registered Agent: Registered Office Address: 163HZ				
Registered Office Address: NEW Registered Agent NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent NEW Registered Office Address: NEW Registered Office Addres	5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
(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) 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) 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 Jamiliary with and accept the obligations of my position as registered agent agreed of 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	Registered Agent:	WILSON GREGORY IRITARRY		
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 or typed name of signee) WILSON GREGORY IRIZMERY (Printed or typed name of signee) Thereby 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 Jamiliar 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 filled 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	Registered Office Address:	16342 EM PLACE NORTH LOXAHATCHEE, FL 33476		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of a member or authorized representative of a member) (Signature of Registered Agent) (Signature of Registered Agent) (Signature of Registered Agent) (Signature of Registered Agent)	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:		
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. WILSON GRECON IRIZARRY	NEW Registered Agent:	WILSON GREGORY IRIZARRY		
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. WILSON GREECRY IRIZARRY (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 Company has been notified in writing of this change.				
(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	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)			
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	(Printed or typed name of signee)	-		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby I in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	(Signature of Registered Agent)			
		6327, Tallahassee, FL 32314		

INHS18 (05/08)