

# LO7000124843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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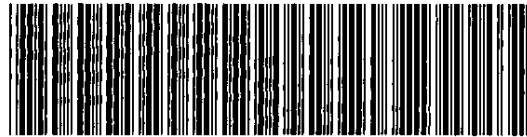
(Business Entity Name)

(Document Number)

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2010 NOV 19 PM 11  
TALLAHASSEE, FLORIDA

C. LEWIS  
Nov. 22 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2010

MUSTAFA AMEENUDDIN  
LAW OFFICE OF M. AMEEN  
13250 N. 56TH STREET, SUITE 202  
TAMPA, FL 33617

SUBJECT: LAW OFFICE OF M. AMEEN, LLC.  
Ref. Number: L07000124843

We have received your document for LAW OFFICE OF M. AMEEN, 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 document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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: 910A00026599

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Law Office of M. Ameen, 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:

Mustafa Ameenuddin

Name of Person

Law Office of M. Ameen

Firm/Company

13250 N. 56th Street, Suite 202

Address

Tampa, FL 33617

City/State and Zip Code

ameen.law@hotmail.com

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

For further information concerning this matter, please call:

Mustafa Ameenuddin

Name of Person

at ( 813 )

451-4449

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

**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: Law Office of M. Ameen, LLC.

2. (a) Principal office address of limited liability company: 13250 N. 56th Street, Suite 202



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

Tampa, FL 33617

(b) Mailing address of limited liability company: \_\_\_\_\_



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

12/17/07

L07000124843

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:

Mustafa Ameenuddin

Registered Office Address:

7320 E. Fletcher Ave.  
Tampa, FL 33637

(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)**

13250 N. 56th Street, Suite 202

Tampa, FL 33617

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

Mustafa Ameenuddin

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**