

L0800000 11930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

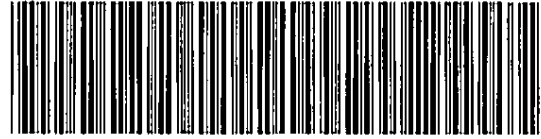
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800334206808

09/16/19--01004--028 **35.00

2019 OCT 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Y SULKER

OCT 22 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2019

A.J. PANZARELLA L.L.C.
1401 NW 136TH AVENUE SUITE 200
SUNRISE, FL 33323

SUBJECT: A.J. PANZARELLA L.L.C.
Ref. Number: L08000011930

We have received your document for A.J. PANZARELLA L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 019A00020049

2019 OCT 15 PM 1:53

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.J. Panzarella L.L.C.
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:

Mike Colodny, Esquire
Name of Person

Colodny Fass, P.L.L.C.
Firm/Company

1401 N.W. 136th Avenue - Suite 200
Address

Sunrise, Florida 33323
City/State and Zip Code

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

For further information concerning this matter, please call:

Mike Colodny at (954) 492-4010
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: A.J. Panzarella L.L.C.

2. (a) 4581 Weston Road (b) 4581 Weston Road
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
#314 #314
Weston, Florida 33331 Weston, Florida 33331

3. 02/01/2008 4. L08000011930
 Date of filing/registration in Florida Document number

5. (a) Joel Fass, Esquire
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1401 N.W. 136th Avenue
 Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
Suite 200
Sunrise, Fl. 33323

(b) Mike Colodny, Esquire
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1401 N.W. 136th Avenue
NEW Registered Office Address:
Suite 200
Sunrise, Fl. 33323

FILED
 2019 OCT 15 AM 10:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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] Albert J. Panzarella
 Signature of a member or authorized representative of a member 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 605, 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]
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00