

LD80000019388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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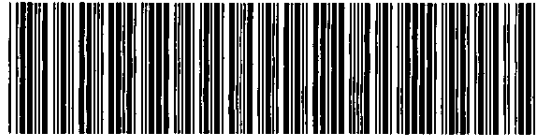
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JAN - 7 2009

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Puff Enterprises, 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:

Jonathan Caputo  
(Name of Person)

Puff Enterprises, LLC  
(Firm/Company)

5722 South Flamingo Road #338  
(Address)

Fort Lauderdale, FL 33330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Caputo at (954) 680-8637  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2008

JONATHAN CAPUTO  
5722 SOUTH FLAMINGO ROAD, #338  
FORT LAUDERDALE, FL 33330

SUBJECT: PUFF ENTERPRISES, LLC  
Ref. Number: L08000019388

We have received your document for PUFF ENTERPRISES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the NEW agent information in section 5(b) of the form.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 608A00059726

**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: Puff Enterprises, LLC
2. (a) Principal office address of limited liability company: 5722 South Flamingo Road  
(Note: **MUST BE STREET ADDRESS**) #338  
Fort Lauderdale, FL 33330
- (b) Mailing address of limited liability company: 5722 South Flamingo Road  
(Note: **MAY BE POST OFFICE BOX**) #338  
Fort Lauderdale, FL 33330

3. Date of filing/registration in Florida: 2/22/08
4. Document number: L08000019388

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

Registered Agent:

Jonathan Caputo

Registered Office Address:

12800 Hunters Point  
Southwest Ranches, FL 33330

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

**NEW Registered Agent:**

Jonathan Caputo

**NEW Registered Office Address:**

(**MUST BE FLORIDA STREET ADDRESS**)

5722 South Flamingo Road  
#338  
Fort Lauderdale, FL 33330

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]  
(Signature of a member or authorized representative of a member)

Shari B Caputo  
(Printed or typed name of signer)

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]  
(Signature of Registered Agent)

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

FILED  
09 JAN -5 AM 8:25  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE