

L08000036113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

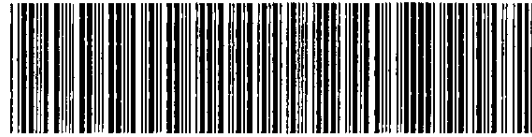
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600207298716

05/11/11--01017--005 **25.00

11 JUN 15 AM 9:48

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Capital Management, 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:

John Moore

Name of Person

Executive Capital Management, LLC

Firm/Company

135 Weston Rd. #191

Address

Weston, FL 33326

City/State and Zip Code

shortsaleexperts@aol.com

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

For further information concerning this matter, please call:

JOHN moore

Name of Person

at (407)

749-3520

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

RECEIVED

11 JUN 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 12, 2011

JOHN MOORE
135 WESTON RD
191
WESTON, FL 33326

SUBJECT: EXECUTIVE CAPITAL MANAGEMENT, LLC
Ref. Number: L08000036113

We have received your document for EXECUTIVE CAPITAL MANAGEMENT, 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 new 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00011802

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: Executive Capital Management, LLC

2. (a) Principal office address of limited liability company: 135 Weston Rd. #191

(Note: **MUST BE STREET ADDRESS**) Weston, FL 33326

(b) Mailing address of limited liability company: 135 Weston Rd. #191

(Note: **MAY BE POST OFFICE BOX**) Weston, FL 33326

04/09/2008 3. Date of filing/registration in Florida L08000036113 4. Document number

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

Registered Agent: Marcela Angulo

Registered Office Address: 3956 TOWN CENTER BLVD #215
ORLANDO FL 32837

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

NEW Registered Agent: John Moore

NEW Registered Office Address: 135 Weston Rd. #191

(**MUST BE FLORIDA STREET ADDRESS**) Weston, FL 33326

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.

John Moore
Signature of a member or authorized representative of a member

John Moore

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.

John Moore
Signature of Registered Agent

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

FILED
JUN 15 AM 9:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS