

LD8000037331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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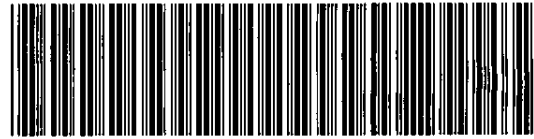
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 30 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2011

FATIMA M. FREITAS
PBA GROUP LLC
3399 NW 72 AVE SUITE 127
MIAMI, FL 33122

SUBJECT: PBA GROUP, LLC
Ref. Number: L08000037331

We have received your document for PBA GROUP, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 111A00019266

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBA Group, 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:

Fatima M. Freitas

Name of Person

PBA Group, LLC

Firm/Company

3399 NW 72nd Avenue, Suite #127

Address

Miami, Florida 33122

City/State and Zip Code

info@misshanger.com/fatima@misshanger.com

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

For further information concerning this matter, please call:

Ana M. Freitas

Name of Person

at (786)

247.12.05

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: PBA Group, LLC

2. (a) Principal office address of limited liability company: 3399 NW 72nd Ave. Suite #127

(Note: **MUST BE STREET ADDRESS**) Miami, Florida, 33122

(b) Mailing address of limited liability company: 3399 NW 72nd Ave. Suite #127

(Note: **MAY BE POST OFFICE BOX**) Miami, Florida, 33122

04/14/2008 3. Date of filing/registration in Florida L08000037331 4. Document number

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

Registered Agent: Daniel Heidenreich

Registered Office Address: 3399 NW 72nd Avenue Suite #127
Miami, Florida 33122

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

NEW Registered Agent: Eduardo Freitas

NEW Registered Office Address: 3399 NW 72nd Avenue.
(MUST BE FLORIDA STREET ADDRESS) Suite #127
Miami, FL 33122

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.

Fatima Freitas
Signature of a member or authorized representative of a member

Fatima M. Freitas
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.

X Eduardo Freitas
Signature of Registered Agent

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

FILED
2011 AUG 29 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL