

L08000042301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

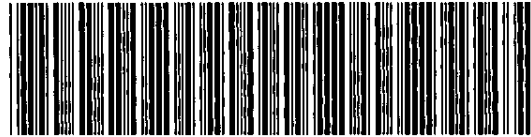
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500231594735

04/27/12--01029--027 \*\*55.00

2012 MAY 30 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE  
MAY 31 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2012

LESLIE RISER  
4776 NEW BROAD STREET, SUITE 195  
ORLANDO, FL 32814

SUBJECT: BING INNOVATIONS, L.L.C.  
Ref. Number: L08000042301

We have received your document for BING INNOVATIONS, L.L.C. and your check(s) totaling \$55.00. 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 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) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 012A0001298

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY 30 AM 9:10

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bing Innovations, 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:

Leslie Riser

Name of Person

Bing Innovations, L.L.C.

Firm/Company

4776 New Broad Street, Suite 195

Address

Orlando, FL 32814

City/State and Zip Code

financedv@mlacctg.com

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

For further information concerning this matter, please call:

Leslie Riser

Name of Person

at ( 407 )

730-3917

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

FILED  
2012 MAY 30 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Bing Innovations, L.L.C.

2. (a) Principal office address of limited liability company: 5455 N. Federal Highway

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

Suite O  
Boca Raton, FL 33487

(b) Mailing address of limited liability company: 4776 New Broad Street

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

Suite 195  
Orlando, FL 32814

04/28/2008  
3. Date of filing/registration in Florida

L08000042301  
4. Document number

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

Registered Agent: Accounting & Business Consultants, LLC

Registered Office Address: 1535 SE 17th Street  
Suite B206  
Fort Lauderdale, FL 33316

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

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 2962 Trivium Circle  
**(MUST BE FLORIDA STREET ADDRESS)** Suite 101  
Ft. Lauderdale, FL 33312

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

Leslie Riser

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**