

108000089563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

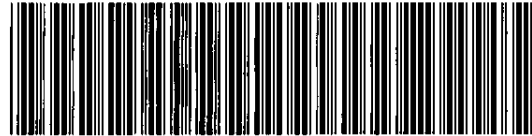
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
NOV 18 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2010

SILVIA GUTTI
BELLESTAR MANAGEMENT LLC
6001 BROKEN SOUND PARKWAY N.W. STE. 360
BOCA RATON, FL 33487

SUBJECT: FIRST SOUTH ATLANTIC, LLC
Ref. Number: L08000089563

We have received your document for FIRST SOUTH ATLANTIC, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 510A00027175

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First South Atlantic, 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:

Silvia Gutti

Name of Person

Bellestar Management LLC

Firm/Company

6001 Broken Sound Parkway N.W. Ste 360

Address

Boca Raton, FL 33487

City/State and Zip Code

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

For further information concerning this matter, please call:

Silvia Gutti

Name of Person

at (561)

994-5954

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

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CLERK 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: First South Atlantic, LLC

2. (a) Principal office address of limited liability company: 6001 Broken Sound Pkwy NW

☒

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

Suite 360

Boca Raton, FL 33487

(b) Mailing address of limited liability company: 6001 Broken Sound Pkwy NW

☒

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

Suite 360

Boca Raton, FL 33487

09/19/2008

L08000089563

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road
Plantation, FL 33324

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

NEW Registered Agent:

Silvia Gutti

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6001 Broken Sound Pkwy NW

Suite 360

Boca Raton, FL 33487

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.

Jean Blanchard
Signature of a member or authorized representative of a member

Jean Blanchard

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.

Silvia Gutti
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00