

LD8000106206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

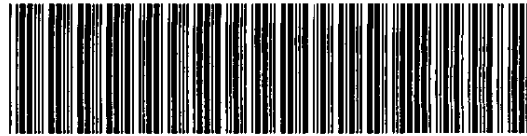
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000187270240

11/08/10--01016--030 \$425.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 17 PM 4:27

FILED

C. LEWIS

NOV 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FJB and Associates of South Florida, 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:

Fred Buchsbaum

Name of Person

FJB and Associates of South Florida, LLC

Firm/Company

15715 South Dixie Highway, Suite 419

Address

Palmetto Bay, FL 33157

City/State and Zip Code

fbuchsbaum@aol.com

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

For further information concerning this matter, please call:

Fred Buchsbaum

Name of Person

at (305)

255-1750

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

November 9, 2010

FRED BUCHSBAUM
FJB AND ASSOCIATES OF SOUTH FLORIDA, LLC
15715 S. DIXIE HWY, SUITE 419
PALMETTO BAY, FL 33157

SUBJECT: FJB AND ASSOCIATES OF SOUTH FLORIDA, LLC
Ref. Number: L08000106206

We have received your document for FJB AND ASSOCIATES OF SOUTH FLORIDA, 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 document must be signed by a member or an authorized representative of a member.

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: 110A00026397

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: FJB and Associates of South Florida, LLC

2. (a) Principal office address of limited liability company: 15715 South Dixie Highway

☒ (Note: **MUST BE STREET ADDRESS**)

Suite 419
Palmetto Bay, FL 33157

(b) Mailing address of limited liability company:

☐ (Note: **MAY BE POST OFFICE BOX**)

Same

11/13/2008

L08000106206

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:

Fred Buchsbaum

Registered Office Address:

15715 South Dixie Highway
Suite 419
Palmetto Bay, FL 33157

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

NEW Registered Agent:

Fred Buchsbaum

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

15715 South Dixie Highway
Suite 419
Palmetto Bay, FL 33157

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.

Fred Buchsbaum
Signature of a member or authorized representative of a member

Fred Buchsbaum

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