

LD8000107515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
10 JUL 29 PM 2:20
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 30 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2010

BARRY KAPLAN
335 BEECHWOOD ROAD
RIDGEWOOD, NJ 07450

SUBJECT: SHIFT 180, LLC
Ref. Number: L08000107515

We have received your document for SHIFT 180, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 210A00017080

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10 JUL 29 PM 2:20
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shift 180, 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:

Barry Kaplan

Name of Person

Shift 180, LLC

Firm/Company

335 Beechwood Road

Address

Ridgewood, NJ 07450

City/State and Zip Code

barry@shift180.com

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

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10 JUL 29 PM 2:20
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barry Kaplan

Name of Person

at (201)

214-5598

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: Shift 180, LLC

2. (a) Principal office address of limited liability company:



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

2250 S.W. 28th Avenue
Ft. Lauderdale, FL 33312

(b) Mailing address of limited liability company:



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

2250 S.W. 28th Avenue
Ft. Lauderdale, FL 33312

11/18/2008

3. Date of filing/registration in Florida

2-08-000107515

4. Document number

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

Registered Agent:

John Drury

Registered Office Address:

2823 NE 21st Court

Ft. Lauderdale, FL 33305-3617

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

NEW Registered Agent:

Jeffrey C. Manchester

NEW Registered Office Address:

2250 S.W. 28th Avenue

(**MUST BE FLORIDA STREET ADDRESS**)

Fort 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.

Barry Kaplan
Signature of a member or authorized representative of a member

Barry Kaplan
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 609, 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]
Signature of Registered Agent

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

FILING FEE: \$25.00