

L08000113412

(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



800274606198

07/14/15--01008--009 **25.00

RECEIVED

15 AUG -5 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

15 AUG -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 06 2015

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 650 GULFSTREAM CHARTER, 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:

BETTY D. HENN

Name of Person

650 GULFSTREAM CHARTER, LLC

Firm/Company

3291 W. SUNRISE BLVD.

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

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

For further information concerning this matter, please call:

BETTY D. HENN

at (954)

792-7963

Name of Person

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

July 17, 2015

BETTY D HENN
3291 W SUNRISE BLVD
FORT LAUDERDALE, FL 33311

SUBJECT: 650 GULFSTREAM CHARTER, LLC
Ref. Number: L08000113412

We have received your document for 650 GULFSTREAM CHARTER, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00015033

FILED
15 AUG - 5 PM 4:42
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: 650 GULFSTREAM CHARTER, LLC

2. (a) 650 GULFSTREAM CHARTER, LLC (b) 650 GULFSTREAM CHARTER, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3291 W. SUNRISE BLVD.

FORT LAUDERDALE, FL 33311

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3291 W. SUNRISE BLVD.

FORT LAUDERDALE, FL 33311

4/22/15

L08000113412

3. Date of filing/registration in Florida

4. Document number

5. (a) ROGER ALLEN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3438 LAKE WORTH ROAD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

LAKE WORTH, FL 33461

(b) RUTH MCPHEE

Enter name of NEW Registered Agent and/or NEW Registered Office address:

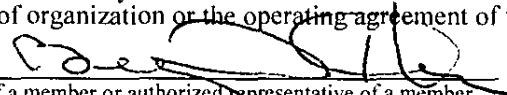
FUNLAN THEATRES & SWAP SHOP, INC.

NEW Registered Office Address:

3202 E. HILLSBOROUGH

TAMPA, FL 33610

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

Betty D. Henn

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 605, 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

FILED
15 AUG -5 PM 4:42
TALLAHASSEE, FLORIDA