

LA9 000044288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE  
SEP - 1 2009  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2009

PATRICK MOYAL  
10796 PINES BLVD SUITE 204  
PEMBROKE PINES, FL 33026

SUBJECT: BRIGITTE RESPAUT- CLEMENT LLC  
Ref. Number: L09000044288

We have received your document for BRIGITTE RESPAUT- CLEMENT 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):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 909A00024846

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2009

PATRICK MOYAL  
10796 PINES BLVD SUITE 204  
PEMBROKE PINES, FL 33026

SUBJECT: BRIGITTE RESPAUT- CLEMENT LLC  
Ref. Number: L09000044288

We have received your document for BRIGITTE RESPAUT- CLEMENT 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):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document. You must list what type of professional services are being provided in order to be filed as a PLLC.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 609A00028409



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2009

PATRICK MOYAL  
MOYAL ACCOUNTING SERVICES, INC.  
10796 PINES BLVD SUITE 204  
PEMBROKE PINES, FL 33026

SUBJECT: BRIGITTE RESPAUT- CLEMENT LLC  
Ref. Number: L09000044288

We have received your document for BRIGITTE RESPAUT- CLEMENT 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 name of a professional limited liability company must end with P.L., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

The specific purpose of the entity must be set forth in the document.

If you are trying to change your LLC to a PA you will need to file a conversion form

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 209A00023546

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BRIGITTE RESPAUT-CLEMENT LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**PATRICK MOYAL**  
Name of Person  
**MOYAL ACCOUNTING SERVICES, INC**  
Firm/Company  
**10796 PINES BLVD SUITE 204**  
Address  
**PEMBROKE PINES, FLORIDA 33026**  
City/State and Zip Code  
**MOYALACCOUNTING@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

**PATRICK MOYAL** at ( **954** ) **430-3930**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BRIGITTE RESPAUT-CLEMENT LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/06/2009 and assigned Florida document number L09000044288.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BRIGITTE DEGRAVE, P. LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove


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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Professional services:  
Real Estate services

Dated 06/09, 2009

  
 Signature of a member or authorized representative of a member  
 Brigitte Degraeve  
 Typed or printed name of signee