

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000223221 3)))



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To:

Division of Corporations

Fax Number : (850) 617-638**5**

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE FLORIDA ASSET REMARKETING LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: Florida Asset Remarketing 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						
Jenny E. Maloney						
Name of Person						
Shulman, Rogers, Gandal, Pordy & Ecker, PA						
Pinn/Company						
12505 Park Polomac Avenue, Sixth Floor						
Address						
Potomac, Maryland 20854						
City/State and Zip Code						
ggrant@shulmanrogers.com - carlos@big99.com.mx						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jenny E. Maioney 301 255-0	0539					
Name of Person Area Co	de & Daytime Telephone Number					
	MAILING ADDRESS:					
	Registration Section					
	Division of Corporations P.O. Box 6327					
_	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Fitting Fee □ \$55 Fitting Fe	c & Certified Copy					
INHS18 (2/14)						

850-617-6381

9/24/2014 11:30:58 AM PAGE 1/001 Fax Server



September 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA ASSET REMARKETING LLC 501 HOBBS STREET

TAMPA, FL 33619US

SUBJECT: FLORIDA ASSET REMARKETING LLC

REF: L09000046342

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please send the change of agent for a limited liability company. You sent the amendment form.

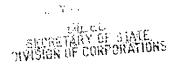
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II FAX Aud. #: H14000223221 Letter Number: 414A00020491

RECEIVED

14 SEP 24 PM 4: 19
WINDOWS SEPPRENTIAL

RE-SUBMIT
Please reliable cials of submission <u>963</u>



14 SEP 23 AM 9: 42

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

i. Na	me of the limited liability company: Florida Ass	et Remarketi	ng LL	C
2. (a)		(b)		
	Frincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·		Mulling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	501 HOBBS STREET		101	HOBBS STREET
	TAMPA, FL 33619		Am	PA, FL 33619
	5/12/2009	L09	0000	46342
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Michael J. Herman			
(-)	Registered Agent and Registered Office shown on the records	of the Florida Dept	. of Stat	e:
	Registered Office Address (MUST HE FLORIDA STREE 720 13TH AVENUE NORTH	TADDRESSI		-
	ST PETERSBURG	33701		
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Register	egl Office Address	 -	•
	NEW Registered Office Address:			-
	1200 South Pine Island Road			
	Plantalion	FI, 33324		
the cha agent w was/wa	mited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member clear of organization on the operating agreement of the	of the registered liability compa s of the limited	d office ny, it i liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Couvey Called Aly	Ente	ban C	orrea
	we of a member of individual representative of a member by accept the appointment as registered agent and comple inst of all statutes relative to the proper and comple ignificant of my position as registered agent as providering to the registered affice address, i'm writing of this obunge.	gree to net in the de performance ded for in Chap I hereby confire	ils cap of my ter 603 or that	Printed or typed name of signee activ. I further weree to comply with the duties, and I am familier with and accept i, F.S. Or, if this document is being filled the limited lightlify company has been
	Alven	vice Presider	12.	
Signatur	e of Registered Agent	Assistant Sec	retary	•

Division of Corporations* P.O. Box 6327* Tallahussee, FL 32314 FILING FEE: S25.00