

L0900008/27/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 AUG - 5 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Elite Care 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:

Lise Erickson
Name of Person

American Elite Care LLC
Firm/Company

P.O. Box 1013
Address

Baynton Beach FL 33496
City/State and Zip Code

Lise @ American elite care .com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lise Erickson at (888) 481-4055
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

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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: American Elite Care LLC

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

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

9300 Lake Seguna Dr.
Boca Raton FL 33496

(b) Mailing address of limited liability company: _____

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

P.O. Box 1013
Dayton Beach FL 32435
LD9000081271

3. Date of filing/registration in Florida

3/25/11

4. Document number

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

Registered Agent:

Lise Erickson

Registered Office Address:

9300 Lake Seguna Dr.
Boca Raton FL 33496

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

NEW Registered Agent:

N/A

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1024 Sweet Maple Lane
Boca Raton FL 33435

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.

Lise M Erickson
Signature of a member or authorized representative of a member

Lise M Erickson
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Lise M Erickson
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2011 AUG -5 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA