

LO9000 122586

(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



200183089892

08/16/10--01027--021 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 25 AM 9:31

T. HAMPTON  
AUG 26 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FHA MANAGEMENT AND CONSULTING, 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:

Javier Zeballos  
Name of Person

FHA MANAGEMENT AND CONSULTING, LLC  
Firm/Company

1636 Hillcrest SE.  
Address

Orlando, FL 32803  
City/State and Zip Code

Javier\_Zeballos@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Javier Zeballos at ( 407 ) 267-1905  
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

RECEIVED

10 AUG 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 17, 2010

JAVIER ZEBALLOS  
1636 HILLCREST ST  
ORLANDO, FL 32803

SUBJECT: FHA MANAGEMENT AND CONSULTING LLC  
Ref. Number: L09000122586

We have received your document for FHA MANAGEMENT AND CONSULTING 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00019773

**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: FHA Management and Consulting, LLC

2. (a) Principal office address of limited liability company: 1636 Hillcrest St.

☒ (Note: **MUST BE STREET ADDRESS**) Orlando, FL 32803

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

Dec 29, 2009

3. Date of filing/registration in Florida

LO9000122586

4. Document number

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

Registered Agent: Gloria Zeballos

Registered Office Address: 205 E. Central Blvd.  
Suite 300  
Orlando, FL 32801

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

**NEW** Registered Agent: 1636 Hillcrest St.

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**  
Orlando, FL 32803

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.

Gloria Zeballos  
Signature of a member or authorized representative of a member

Gloria Zeballos  
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 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.*

Gloria Zeballos  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

FILED  
10 AUG 25 AM 9:27  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE