

210000004490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 10 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2012

MITCHELL I. FRIED
MITCHELL I. FRIED, ESQ.
999 DOUGLAS AVENUE, SUITE 3320
ALTAMONTE SPRINGS, FL 32714

SUBJECT: OSBORN WIRELESS, LLC
Ref. Number: L10000004490

We have received your document for OSBORN WIRELESS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 612A00010186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSBORN WIRELESS, 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:

MITCHELL I. FRIED, ESQ.

Name of Person

MITCHELL I. FRIED, ESQ.

Firm/Company

999 DOUGLAS AVENUE, SUITE 3320

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

bosborn@osbornwireless.net

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

For further information concerning this matter, please call:

MITCHELL I. FRIED

Name of Person

at (407)

682-1331

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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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: OSBORN WIRELESS, LLC

2. (a) Principal office address of limited liability company: 3394 VISTA BLVD.

(Note: MUST BE STREET ADDRESS)

TRAIL W-268
LAKE BUENA VISTA, FL 32830

(b) Mailing address of limited liability company: OSBORN WIRELESS, LLC

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 22672
LAKE BUENA VISTA, FL 32830

01/12/2010

3. Date of filing/registration in Florida

L0000004490

4. Document number

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

Registered Agent:

RICHARD A. BARBER, CPA, RA

Registered Office Address:

803 Shallow Brook Ave, 301 E Pine St
WINTER SPRINGS, FL 32708

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

NEW Registered Agent:

MITCHELL I. FRIED, ESQ.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

999 DOUGLAS AVENUE
SUITE 3320
ALTAMONTE SPRINGS, FL 32714

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.

X 
Signature of a member or authorized representative of a member

WILLIAM OSBORN, MANAGER

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.


Signature of Registered Agent

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