

L10000028625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

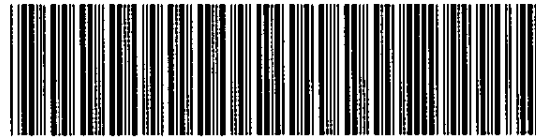
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400240205504

12/04/12--01003--014. **25.00

FILED
2012 DEC -5 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC - 6 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

GHADA SKAFF
LIESER & SKAFF, P.L.
511 WEST BAY STREET, SUITE 350
TAMPA, FL 33606

SUBJECT: LIESER & SKAFF, P.L.
Ref. Number: L10000028625

We have received your document for LIESER & SKAFF, P.L.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 412A00027936

2012 DEC -5 AM 8:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lieser & Skaff, P.L.
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:

Ghada Skaff

Name of Person

Lieser & Skaff, P.L.

Firm/Company

511 West Bay Street, Suite 350

Address

Tampa, FL 33606

City/State and Zip Code

ghada@lieserskaff.com

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

For further information concerning this matter, please call:

Ghada Skaff

Name of Person

at (813) 251-8712

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

RECEIVED
2012 DEC -5 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Lieser & Skaff, P.L.

2. (a) Principal office address of limited liability company: 511 West Bay Street, Suite 350
(Note: MUST BE STREET ADDRESS) Tampa, FL 33606

(b) Mailing address of limited liability company: 511 West Bay Street, Suite 350
(Note: MAY BE POST OFFICE BOX) Tampa, FL 33605

03/05/2010

L10000028625

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Jeffrey P. Lieser

Registered Office Address:

1101 Channelside Drive 420
Tampa, FL 33602

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

511 West Bay Street
Suite 350
Tampa, FL, FL 33606

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.

Ghada Skaff
Signature of a member or authorized representative of a member

Ghada Skaff
Printed or typed name of signer

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]
Signature of Registered Agent

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

FILING FEE: \$25.00