

LI 0000040767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

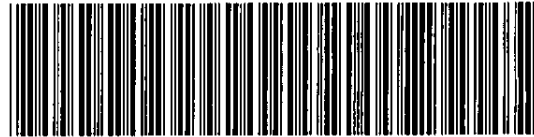
LI- 40767

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED SEP 21 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Legal Referral Group, 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:

David Abrams

Name of Person

Firm/Company

200 W. Palmetto Park Rd suite 203

Address

Boca Raton, FL 33432

City/State and Zip Code

davidabrams1@gmail.com

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

For further information concerning this matter, please call:

David Abrams

Name of Person

at ( 561 )

452-5995

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

September 13, 2011

DAVID ABRAMS  
200 W. PALMETTO PARK ROAD  
SUITE 203  
BOCA RATON, FL 33432

SUBJECT: THE LEGAL REFERRAL GROUP, LLC  
Ref. Number: L10000040767

We have received your document for THE LEGAL REFERRAL GROUP, LLC. 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 411A00021140

**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: The Legal Referral Group, LLC

2. (a) Principal office address of limited liability company: 200 W. Palmetto Park Rd

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

Suite 203  
Boca Raton, FL 33432

(b) Mailing address of limited liability company: 200 W. Palmetto Park Rd.

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

Suite 203  
Boca Raton, FL 33432

4-15-2010

3. Date of filing/registration in Florida

4. Document number

L100000 40767

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

Registered Agent:

Karger & Associates

Registered Office Address:

200 W. Palmetto Park Rd  
suite 201  
Boca Raton, FL 33432

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

**NEW** Registered Agent:

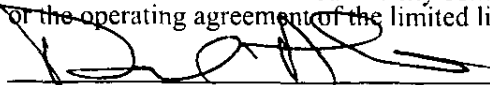
David Abrams

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

200 W. Palmetto Park Rd.  
suite 203  
boca raton, FL 33432

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.

  
Signature of a member or authorized representative of a member

David Abrams

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