

FILED  
10 OCT -7 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ang Slav 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:

JOHN BIBISH

Name of Person

Firm/Company

2152 GRANTWOOD DR.

Address

TOLEDO OH 43613

City/State and Zip Code

JBIBISH@gmail.com

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

For further information concerning this matter, please call:

John Bibish

Name of Person

at ( 419 ) 345-5294

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 27, 2010

JOHN BIBISH  
2152 GRANTWOOD DRIVE  
TOLEDO, OH 43613

SUBJECT: ANGSLAV LLC  
Ref. Number: L10000066061

We have received your document for ANGSLAV 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 210A00022938

**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: Ang Slav LLC
2. (a) Principal office address of limited liability company: 1451 West Cypress Creek  
☐ Park Blvd, Ste 300  
Fort Lauderdale, FL 33309  
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 2152 BRANTWOOD DR  
☐ TOLEDO, OH 43613  
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 6/21/2010
4. Document number: L10000066061
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: John E. Bibish IV  
Registered Office Address: 1451 West Cypress Creek Park Ste 300  
Fort Lauderdale, FL 33309
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Egramul Choudhury  
**NEW Registered Office Address:** 3850 Bird Road  
**(MUST BE FLORIDA STREET ADDRESS)** Eighth Floor  
Miami, FL 33146

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

JOHN E. BIBISH IV  
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.

Egramul Choudhury/gjs  
Signature of Registered Agent

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