

L100000067511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

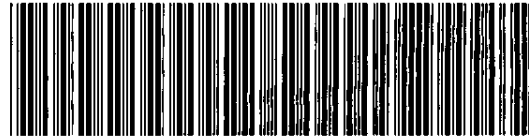
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

OCT -3 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2011

JALAL ELSISS  
TAXCORP  
6845 GREENFIELD RD STE 100  
DETROIT, MI 48228

SUBJECT: ALL STAR UNLIMITED LLC  
Ref. Number: L10000067511

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TALLAHASSEE, FLORIDA

We have received your document for ALL STAR UNLIMITED 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):

You completed the wrong form

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 911A00021570

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALL STAR UNLIMITED 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:

JALAL ELSISS

Name of Person

TAX CORP

Firm/Company

6845 GREENFIELD RD STE 100

Address

DETROIT, MI 48228

City/State and Zip Code

JALAL@MYTAXCORP.COM

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

For further information concerning this matter, please call:

JALAL ELSISS

Name of Person

at ( 313 )

253-0161

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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TALLAHASSEE, FLORIDA

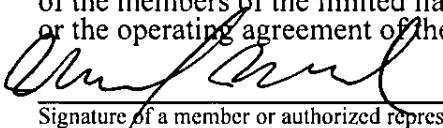
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*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: ALL STAR UNLIMITED LLC
2. (a) Principal office address of limited liability company: 6014 N 40TH ST  
TAMPA, FL 33610  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: C/O 6845 GREENFIELD RD STE 10  
DETROIT, MI 48228  
**(Note: MAY BE POST OFFICE BOX)**
- JUNE 24, 2010 L10000067511
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: AHMED ALI  
Registered Office Address: 6014 N 40TH ST  
TAMPA, FL 33610
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** KHALED KHALED  
**NEW Registered Office Address:** 6014 N. 40TH ST  
**(MUST BE FLORIDA STREET ADDRESS)** TAMPA, FL 33610

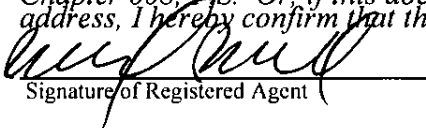
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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

KHALED KHALED  
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