

L10000109035

(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:

A. LUNT

AUG -1 2011

EXAMINER

Office Use Only



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07/29/11--01014--004 **50.00

FILED
2011 JUL 29 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF \$25

Kelly Van Meter
140 East 56th Street – #9B
New York, NY 10022

July 26, 2011

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find completed and executed forms to “Change the Registered Agent” for two Florida LLC’s: (i) 16383 Associates, LLC (L10000120884), and (ii) A+ Ultimate Mobility, LLC (L10000109035). The original Registered Agent resigned May 27, 2011.

I have also enclosed a check for \$50.00 to cover Filing Fees for both LLC’s.

This paperwork is to be completed by July 27, 2011 to avoid the dissolution of the LLC’s. Thank you for your prompt attention to this matter. Please contact me @ 917-371-0777 with any questions or comments.

Sincerely yours,



2011 JUL 29 PM 2:16
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: A+ Ultimate Mobility, LLC
2. (a) Principal office address of limited liability company: 16383 134th Terrace, North
Jupiter, FL 33478
- (Note: **MUST BE STREET ADDRESS**)

- (b) Mailing address of limited liability company: _____

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

3. Date of filing/registration in Florida _____

4. Document number L10000109035

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

Registered Agent:

Registered Office Address:

* Capital Corporate Services
Resque 512711

- (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**)

Narda Johnson
16383 134th Terrace, North
Jupiter, FL 33478

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.

Carl Johnson
Signature of a member or authorized representative of a member

Narda Johnson
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.

Narda Johnson
Signature of Registered Agent

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