

L11000073379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

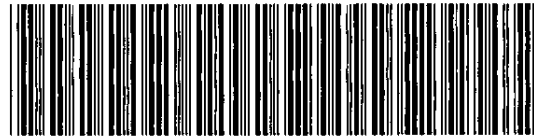
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 3 - 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2012

CORPORATE SERVICE BUREAU INC.
JODY CROWLEY
283 WASHINGTON AVE.
ALBANY, NY 12206

SUBJECT: 4250 SURFSIDE CIRCLE LLC
Ref. Number: L11000073379

We have received your document for 4250 SURFSIDE CIRCLE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 112A00016053

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4250 SURFSIDE CIRCLE 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:

JODY CROWLEY

Name of Person

CORPORATE SERVICE BUREAU INC.

Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY/NY 12206

City/State and Zip Code

jvc@corporatebureau.com

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

For further information concerning this matter, please call:

JODY CROWLEY

Name of Person

at (518)

463-8550

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

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: 4250 SURFSIDE CIRCLE LLC

2. (a) Principal office address of limited liability company: 320 ATLANTIC AVENUE

(Note: **MUST BE STREET ADDRESS**) MASSAPEQUA PARK NY 11762

(b) Mailing address of limited liability company: 320 ATLANTIC AVENUE

(Note: **MAY BE POST OFFICE BOX**) MASSAPEQUA PARK NY 11762

06/23/2011
3. Date of filing/registration in Florida

L11000073379
4. Document number

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

Registered Agent: CORPORATE SERVICE BUREAU INC.

Registered Office Address: 515 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

NEW Registered Agent: CORPORATE SERVICE BUREAU INC.

NEW Registered Office Address: 1540 GLENWAY DRIVE
(MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE, FL 32301

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.

Donald J. Caracciola
Signature of member or authorized representative of a member

Donald J. Caracciola
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 of Registered Agent

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