

L11000074728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

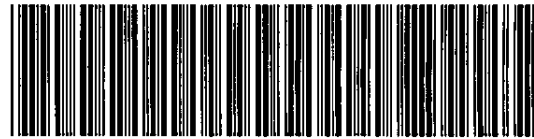
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500262407265

Pos  
change

07/18/14--01025--005 \*\*35.00

FILED  
2014 AUG 15 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00789,04085,00671

002  
8/15/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 AUG 15 AM 11:56

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 1, 2014

Gary Shuster  
1900 Glades Road #200  
Boca Raton, FL 33431

SUBJECT: SHUSTER INTERNATIONAL, LLC  
Ref. Number: L11000074728

We have received your document for SHUSTER INTERNATIONAL, 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 Florida corporation, but your entity is a Florida 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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 914A00016555

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shuster International 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:

Gary Shuster  
Name of Person

Firm/Company

1900 Glades Road # 200  
Address

Boca Raton, FL 33431  
City/State and Zip Code

gshusie@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Rabinowich at (561) 826-3830  
Name of Person 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 605.0114 or 605.0116, 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: Shuster International LLC

2. (a) 1900 Glades Road (b) same

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

Suite 200  
Boca Raton, FL 33431

3. 06/28/2011  
Date of filing/registration in Florida

4. L11000074728  
Document number

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

1200 South Pine Island Road  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

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

1900 Glades Road #200  
**NEW Registered Office Address:**

Boca Raton, FL 33431

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]  
Signature of a member or authorized representative of a member

Gary Shuster  
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 605, 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]  
Signature of Registered Agent

FILED  
2014 AUG 15 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA