

L11000080962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

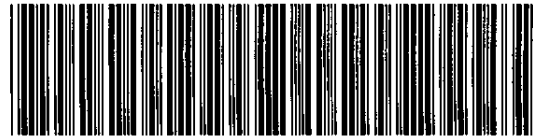
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*W*

J. BRYAN  
NOV 18 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2012

CARL CHAMBERS  
FIX MY PC AND AUDIO SOLUTIONS LLC  
3191 NW 4 ST  
FORT LAUDERDALE, FL 33311

SUBJECT: FIX MY PC AND AUDIO SOLUTIONS LLC  
Ref. Number: L11000080962

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We have received your document for FIX MY PC AND AUDIO SOLUTIONS 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) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 812A00026603

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Fix My PC and Audio Solutions LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: 45-2750025

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARI Chambers  
Name of Person

Fix My PC and Audio Solutions  
Name of Firm/Company

3191 NW 4 St  
Address

A Lauderdale Fl 33311  
City/State and Zip Code

fl 33311  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARI Chambers at (954) 618-8127  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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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: FIX MY PC AND AUDIO SOLUTIONS LLC

2. (a) Principal office address of limited liability company: 3191 NW 4TH STREET  
 (Note: **MUST BE STREET ADDRESS**)

FORT LAUDERDALE, FL 33311

(b) Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**)

07/14/2011

3. Date of filing/registration in Florida

L11000080962

4. Document number

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

Registered Agent: UNITED STATES CORPORATION AGENTS, INC

Registered Office Address: 13302 WINDING OAK COUR #A

TAMPA, FL 33612

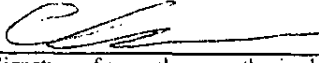
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: CARL CHAMBERS

**NEW** Registered Office Address:  
 (MUST BE FLORIDA STREET ADDRESS) 3191 NW 4TH STREET


FT LAUDERDALE, FL 33311

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

CARL CHAMBERS  
 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**

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 2011 NOV -9 PM 1:51  
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