

# L11000088102

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.  
Account Number : I19990000255  
Phone : (561)844-3700  
Fax Number : (561)844-2388

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

## LLC REGISTERED AGENT CHANGE BROEDELL GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

**D. BRUCE**

AUG 31 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BROEDELL GROUP 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:

James H. Ryan, Esq.

Name of Person

Gary, Dytrych & Ryan, P.A.

Firm/Company

701 U.S. Highway One, Suite 402

Address

North Palm Beach, FL 33408

City/State and Zip Code

RJ@GDR-LAW.COM

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

For further information concerning this matter, please call:

James H. Ryan, Esq.

Name of Person

at ( 561 )

844-3700

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

FILED  
11 AUG 30 AM 10:37  
SECRETARY OF STATE  
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: BROEDEL GROUP LLC

2. (a) Principal office address of limited liability company: 19309 North Riverside Drive

(Note: MUST BE STREET ADDRESS)

Tequesta, FL 33469

(b) Mailing address of limited liability company: 19309 North Riverside Drive

(Note: MAY BE POST OFFICE BOX)

Tequesta, FL 33469

August 11, 2011

L11000088102

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:

Spiegel & Utrera, P.A.

Registered Office Address:

1840 SW 22nd St.

4th Floor

Miami, FL 33145

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

NEW Registered Agent:

James H. Ryan

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

c/o Gary, Dytrych & Ryan, P.A.

701 U.S. Highway One, Suite 402

North Palm Beach, FL 33408

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.

Frank J. Broedell, Jr.  
Signature of a member or authorized representative of a member

Frank J. Broedell, Jr., Manager

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]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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