## L11000143951

(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:					

Office Use Only



900238773699

08/27/12--01024--011 \*\*25.00

FILLED

12 AUG 27 PM 4: 29

SEPTIMESSEE FLORIDA

C. LEWIS

AUG 2 8 2012

EXAMINER

## **COVER LETTER**

				•
TO:	Registration Section	<b>4</b> 5		•
	Division of Corporations			
	•			
SUBJ	ECT:	_Jim Geiger a	<u> &amp; Assoc</u>	iates, LLC
		Name of Limited	Liability	Company
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Re	egistered Office C	Change and	fee(s) are submitted for filing.
Please	e return all correspondence c	oncerning this ma	atter to the	following:
	rotatii aii oottospa,,,,,onoo o	oneering this in	ittor to the	ionowing.
	James Gei	ner		
	Name of Person			
	Jim Geiger & Asso	ciates, LLC		
	Firm/Company			
	•			
	•			
	250 Jacaranda D	rive. #504		
	Address			
	Plantation, FL	33324		
	City/State and Zip	Code		
	::	-16		
<del></del>	jimg@appliedg -mail address: (to be used for future a	DIT.COITI	<u></u>	
	man addition, (to be ased to: faculty a	maar report notificatio	,	
For fir	rther information concerning	g this matter plea	se call:	
		5 tino matter, prea	ov van.	
	James Geiger	at (	954 )	873-9525
	Name of Person			Code & Daytime Telephone Number
	STREET/COURIER ADDI	RESS:	MAILI	NG ADDRESS:
	Registration Section		Registra	ation Section
	Division of Corporations		Division	n of Corporations
	Clifton Building		P.O. Bo	ox 6327
	2661 Executive Center Circle	3	Tallaha	ssee, Florida 32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the	e following amo	unt:	
	Cos riling Fac			
	<b>✓</b> \$25 Filing Fee		1   \$55 F	iling 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.

Name of the limited liability company:	n Geiger & Associates, LLC				
2. (a) Principal office address of limited liability company	y: 250 Jacaranda Drive #504				
(Note: MUST BE STREET ADDRESS)	Plantation, FL 33324				
(b) Mailing address of limited liability company:	250 Jacaranda Drive #504				
(Note: MAY BE POST OFFICE BOX)	Plantation, FL 33324				
December 22, 2011	L11000143951				
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 S					
Registered Agent:	Mark Williams, A.V.P. 399 70				
Registered Office Address:	Business Filings, Inc. 515 East Park Avenue Tallahassee, FL 32301				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
NEW Registered Agent:	James Geiger				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	250 Jacaranda Drive #504				
(MUSI BE FLURIDA STREET ADDRESS)	Plantation ,FL33324				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office				
James Geiger Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of my portion of the company of the co	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.				

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