

# L12000008373

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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12 MAR 12 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAR 13 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S& ABD PROPERTIES 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:

GARETH BULLOCK

Name of Person

BULLOCK PRACTICE PA

Firm/Company

5400 S UNIVERSITY DR, STE 301

Address

DAVIE FL 33328

City/State and Zip Code

GBULLOCKLAW@BELLSOUTH.NET

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

For further information concerning this matter, please call:

GARETH BULLOCK

Name of Person

at ( 954 )

578-2760

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: S & ABD PROPERTIES LLC

2. (a) Principal office address of limited liability company: 3113 BAY TO BAY BLVD

(Note: MUST BE STREET ADDRESS)

TAMPA FL 33629

(b) Mailing address of limited liability company:

3113 BAY TO BAY BLVD

(Note: MAY BE POST OFFICE BOX)

TAMPA FL 33629

01/18/2012

3. Date of filing/registration in Florida

4. Document number

L12000008373

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

Registered Agent:

BULLOCK PRACTICE PA

Registered Office Address:

5400 S UNIVERSITY DRIVE, STE 301  
DAVIE FL 33328

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

,FL

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.

Gareth Bullock  
Signature of a member or authorized representative of a member

GARETH BULLOCK

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.*

Gareth Bullock  
Signature of Registered Agent

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

**FILING FEE: \$25.00**