

L120000010399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

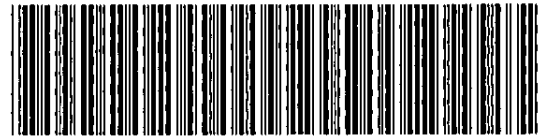
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/04/12--01001--021 **55.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12 JUN - 1 PM 4:21

RECEIVED

DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN - 1 AM 10:04

FILED

J. BRYAN

JUN - 6 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 06/01/12

REF. #: 001495.167423

CORP. NAME: BOYNTON BEACH HOLDINGS LLC

FILED
2012 JUN - 1 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 544641 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2012

CORPDIRECT AGENTS, INC.

SUBJECT: BOYNTON BEACH HOLDINGS LLC
Ref. Number: L12000010399

2012 JUN -1 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/1/12

We have received your document for BOYNTON BEACH HOLDINGS LLC and your check(s) totaling \$55.00. 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: 812A00015789

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
6/1/12

RECEIVED
DEPARTMENT OF STATE
12 JUN -5 AM 9:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOYNTON BEACH HOLDINGS 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:

FRAN ODOM

Name of Person

UNITED CORPORATE SERVICES, INC.

Firm/Company

10 BANK STREET, SUITE 560

Address

WHITE PLAINS, NY 10606

City/State and Zip Code

FRAN.ODOM@UNITEDCORPORATE.COM

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

For further information concerning this matter, please call:

FRAN ODOM

Name of Person

at (800-)

800-899-8648

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
2012 JUN -1 AM 10:04
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: BOYNTON BEACH HOLDINGS LLC

2. (a) Principal office address of limited liability company: 9200 DADELAND BOULEVARD

(Note: MUST BE STREET ADDRESS)

SUITE 508

MIAMI, FLORIDA 33156

(b) Mailing address of limited liability company:

SAME

(Note: MAY BE POST OFFICE BOX)

JAN 23, 2012

3. Date of filing/registration in Florida

L12000010399

4. Document number

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

Registered Agent:

JEROME GILBERT

Registered Office Address:

7701 NEW ELLENTON DRIVE
BOYNTON BEACH, FL 33437

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

NEW Registered Agent:

UNITED CORPORATE SERVICES, INC.

NEW Registered Office Address:

9200 DADELAND BOULEVARD

(MUST BE FLORIDA STREET ADDRESS)

SUITE 508

MIAMI, FL 33156

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.

Jerome Gilbert
Signature of a member or authorized representative of a member

JEROME GILBERT - AUTHORIZED PERSON

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.

Michael A. Barr
Signature of Registered Agent **Michael A. Barr, President**

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

FILING FEE: \$25.00