

L12000032053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

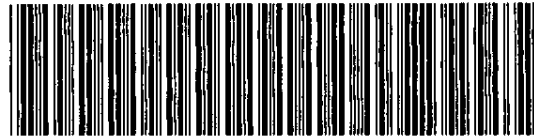
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FILED
13 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2013

ROBERTA BURKHARDT
F&R VENTURES, LLC
15865 HILLER STREET
WELLINGTON, FL 33414

SUBJECT: F&R VENTURES, LLC
Ref. Number: L12000032053

FILED
13 MAR - 4 AM 8:15
TALLAHASSEE, FLORIDA
DIVISION OF STATE

We have received your document for F&R VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new Registered Agent MUST SIGN the R.A. acceptance statement.

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 013A00003957

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F&R Ventures, 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:

Roberta Burkhardt

Name of Person

F&R Ventures, LLC

Firm/Company

15865 Hiller St

Address

Wellington, FL 33414

City/State and Zip Code

robertaburkhardt@yahoo.com

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

For further information concerning this matter, please call:

Roberta Burkhardt

Name of Person

at (561) 792-1945

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
13 MAR -4 AM 8:45
TALLAHASSEE, FLORIDA
STATE

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: F&R Ventures LLC

2. (a) Principal office address of limited liability company: 15865 Hiller St
Wellington, FL 33414
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 15865 Hiller St
Wellington, FL 33414
(Note: MAY BE POST OFFICE BOX)

March 06, 2012

L12000032053

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: UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address: 13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612

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

NEW Registered Agent: James J. Donovan, C.P.A., P.A.

NEW Registered Office Address: 3046 S. Congress Avenue
(MUST BE FLORIDA STREET ADDRESS)
Lake Worth, FL 33461

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.

Roberta Burkhardt
Signature of a member or authorized representative of a member

Roberta Burkhardt
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 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.

James J. Donovan, C.P.A., P.A.
Signature of Registered Agent

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