

L12000041309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

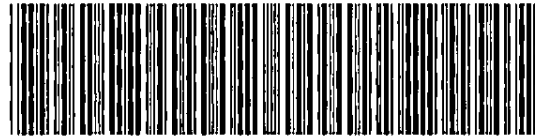
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2021 JAN 13 PM 3:31
SECRET
TALLAHASSEE, FL

O SIMMONS
JAN 20 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2020

LILIA BREZKINA
14280 MILITARY TRL #6191
DELRAY BEACH, FL 33482

SUBJECT: ATLANTIC BUSINESS ALLIANCE, LLC
Ref. Number: L12000041309

We have received your document for ATLANTIC BUSINESS ALLIANCE, 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 name of the business provided does not match the name of the business listed with our office.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 720A00025852

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Business Alliance, 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:

Lilia Brezkina

Name of Person

Atlantic Business Alliance, LLC

Firm/Company

14280 MILITARY TRL, SUITE 6191

Address

Delray Beach, FL 33482

City/State and Zip Code

lilia@atlanticmaadvisors.com

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

For further information concerning this matter, please call:

Lilia Berezkina

561

289-5020

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 605.0114 or 605.0116, 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: Atlantic Business Alliance LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4722 NW Boca Raton Blvd., C-105

14280 S Military Trl., Suite 6191

Boca Raton, FL 33431

Delray Beach FL 33482

3/26/2012

L12000041309

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:

Lilia Berezkina

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4722 NW Boca Raton Blvd., C-105

Boca Raton, FL 33431

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

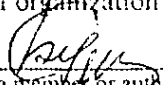
Lilia Berezkina

NEW Registered Office Address:

14280 S Military Trl., Suite 6191

Delray Beach, FL 33482

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.


Signature of a member or authorized representative of a member

Lilia Berezkina

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 605, 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 of Registered Agent

FILED
2021 JAN 13 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL