

L12000045257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

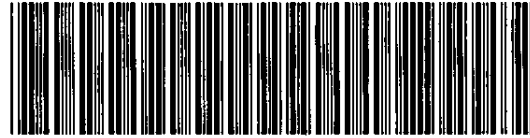
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JAN 29 AM 11:00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Outgas

1-2-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Photo Assistant 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:

Eric Lauer

Name of Person

Miami Photo Assistant LLC

Firm/Company

10211 Pines Blvd #110

Address

Pembroke Pines FL 33026

City/State and Zip Code

lauereric@hotmail.com

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

For further information concerning this matter, please call:

Eric Lauer

Name of Person

at ( 305 )

297-1950

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2014

ERIC LAUER  
10211 PINES BLVD. #110  
PEMBROKE PINES, FL 33026

SUBJECT: MIAMI PHOTO ASSISTANT LLC  
Ref. Number: L12000045257

We have received your document for MIAMI PHOTO ASSISTANT 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):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 814A00000728

**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: Miami Photo Assistant LLC

2. (a) Principal office address of limited liability company: 10211 Pines Blvd #110

**(Note: MUST BE STREET ADDRESS)**

Pembroke Pines FL 33026

(b) Mailing address of limited liability company:

10211 Pines Blvd #110

**(Note: MAY BE POST OFFICE BOX)**

Pembroke Pines FL 33026

04/02/2012

L12000045257

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 33026

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

**NEW Registered Agent:**

Northwest Registered Agent LLC

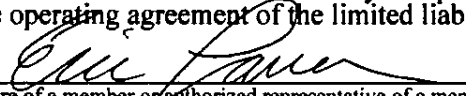
**NEW Registered Office Address:**

3030 N. Rocky Point Dr. STE 150A

**(MUST BE FLORIDA STREET ADDRESS)**

Tampa, FL 33607

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

Eric Lauer

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.*

  
Signature of Registered Agent

Dan Keen-Manager

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

FILING FEE: \$25.00