11200057252

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Dodanian Nambo),		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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12 OCT 22 PM 3: 45
SECRETARY OF STATE
ANALYSSEE, FLORIDA

D. BRUCE

OCT 23 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2012

SUMMER JOBSON 7901 REDWOOD LANE PARKLAND, FL 33067

SUBJECT: 4161 W HILLSBORO, LLC

Ref. Number: L12000057252

We have received your document for 4161 W HILLSBORO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00024970

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 4161 W Hills boro LCC 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:				
Summer Sobson Name of Person				
4141 WHIISboro, LLC Firm/Company	1 3 ⊇			
Address Programme Control of the Con	CT 22 PH 3: L9			
E-mail address: (to be used for future annual port notification) For further information concerning this matter, please call:				
Summer Sobson at (954) at 410-4939 Name of Person 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 \$\times \text{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.

ageni, or boin, in the State of Florida.	11/1/71/
1. Name of the limited liability company:	WHITISboro ; LLC
2. (a) Principal office address of limited liability company	10000 Mardarin St
(Note: MUST BE STREET ADDRESS)	Parkland, P1 33076
·	
(b) Mailing address of limited liability company:	10000 Wlardarin St
(Note: MAY BE POST OFFICE BOX)	Parkland, 61 33076
04/27/2012	L12600057252
3. Date of filing/registration in Florida	4. Document number $\frac{7}{2}$
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Summer Jobson 35 8 R
Registered Office Address:	7901 Redwood Lone 3 B
	· · · · · · · · · · · · · · · · · · ·
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:
NEW Registered Agent:	Summer Sobson
NEW Registered Office Address:	10000 Mandarin Street
(MUST BE FLORIDA STREET ADDRESS)	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization
Summer Lobson	
Signature of a member or authorized representative of a member	
Summer Johson Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in
Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	erety reflect a change in the registered office by has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00