

# L12000058000

\_\_\_\_\_  
(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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2013

FRANK SIEBENS  
2208 EL JOBEAN ROAD  
PORT CHARLOTTE, FL 33948

SUBJECT: BELFRA LLC  
Ref. Number: L12000058000

We have received your document for BELFRA 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 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Tammi Cline  
Regulatory Specialist II

Letter Number: 913A00025768

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **Belfra, 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:

**Frank Siebens**

\_\_\_\_\_  
Name of Person

**Belfra, LLC**

\_\_\_\_\_  
Firm/Company

**2208 El Jobean Road**

\_\_\_\_\_  
Address

**Port Charlotte, FL 33948**

\_\_\_\_\_  
City/State and Zip Code

**info@BestProTeam.com**

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

For further information concerning this matter, please call:

**Isabelle Lornoy**

\_\_\_\_\_  
Name of Person

at ( **941** ) **740-0886**

\_\_\_\_\_  
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

2013 NOV 14 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: Belfra, LLC

2. (a) Principal office address of limited liability company: 2208 El Jobean Road  
**(Note: MUST BE STREET ADDRESS)** Suite #1  
Port Charlotte, FL 33948

(b) Mailing address of limited liability company: 2208 El Jobean Road  
**(Note: MAY BE POST OFFICE BOX)** Suite 1  
Port Charlotte, FL 33948

4/30/2012 L12000058000

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: Frank Siebens

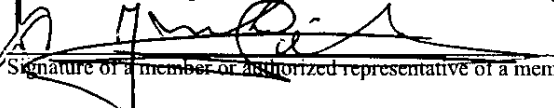
Registered Office Address: 13016 North Marsh Drive  
Port Charlotte, FL 33948

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

NEW Registered Agent: N/A

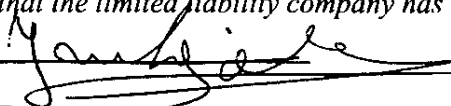
NEW Registered Office Address: 2208 El Jobean Road  
**(MUST BE FLORIDA STREET ADDRESS)** Suite #1  
Port Charlotte, FL 33948

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

Frank Siebens  
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

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