

L120000084326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 30 PM 5:51

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OCT 31 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2013

CAROLIN VINCENT  
3101 N FEDERAL HWY  
FT LAUDERDALE, FL 33306

SUBJECT: SMD II, LLC  
Ref. Number: L12000084326

We have received your document for SMD II, LLC and your check(s) totaling \$315.00. 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: 113A00023776

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SMD II 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:

Carolyn Vincent  
Name of Person

SMD II, LLC  
Firm/Company

3101 N. Federal Hwy. #901  
Address

Ft. Lauderdale, FL 33306  
City/State and Zip Code

sibb2@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Bianchini at (954) 563-4066  
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

☐ \$55 Filing Fee & Certified Copy

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STATE OF FLORIDA  
TALLAHASSEE

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**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: SMD II, LLC
2. (a) Principal office address of limited liability company: 3101 N. Federal Hwy.  
(Note: **MUST BE STREET ADDRESS**)  
# 701  
Ft. Lauderdale, FL 33306
- (b) Mailing address of limited liability company: 3101 N. Federal Hwy.  
(Note: **MAY BE POST OFFICE BOX**)  
Suite 701  
Ft. Lauderdale FL 33306  
06/26/12  
L12000084326
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: The Halle Law Firm, P.A.  
Registered Office Address: 3101 N. Federal Hwy.  
# 401  
Ft. Lauderdale, FL 33306
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW** Registered Agent: Carolyn Vincent  
**NEW** Registered Office Address: 3101 N. Federal Hwy.  
(**MUST BE FLORIDA STREET ADDRESS**)  
# 701  
Ft. Lauderdale, FL 33306

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

Steve Vincent

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

FILED  
JUN 29 2012  
TALLAHASSEE, FLORIDA  
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