

L12000121403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

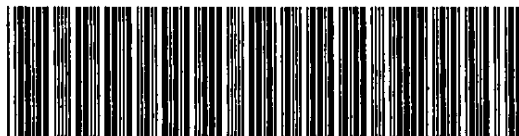
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242308793

12/03/12--01019--002 **25.00

APPROVED
AND
FILED
12 DEC -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 04 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 24-7 RELIABLE DISASTER RESTORATION L.L.C.
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:

Avi - Ben Susen

Name of Person

24-7 Reliable Disaster Restoration L.L.C.

Firm/Company

185 SW 20th Way Bay S-1

Address

Dania Beach Florida 33004

City/State and Zip Code

info@24-7reliable-restoration.com

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

For further information concerning this matter, please call:

Avi Ben-Susen

Name of Person

at (888) 247 - 1911

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

12 DEC -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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: 24-7 Reliable Disaster Restoration L.L.C.

2. (a) Principal office address of limited liability company: 185 SW 20th Way
(Note: MUST BE STREET ADDRESS)

Bay S-1
Dania Beach, Florida 33004

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

185 SW 20th Way
Bay S-1
Dania Beach Florida 33004

September 24th 2012 L12000121603

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: AVI BEN-SUSEN

Registered Office Address: 3325 GRIFFIN RD
SUITE 6
FT LAUDERDALE FLORIDA 33312

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

NEW Registered Agent: AVI BEN-SUSEN

NEW Registered Office Address: 185 SW 20TH WAY
(MUST BE FLORIDA STREET ADDRESS) BAY S-1
DANIA BEACH, FL 33004

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.

11/6/12
Signature of a member or authorized representative of a member

AVI BEN-SUSEN
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.

11/6/12
Signature of Registered Agent

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

APPROVED
AND
FILED
12 DEC - 3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA