

L13060110464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2013

T. HALL/PTG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Florida exclusive buyers agent 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:

Gail Kennell

Name of Person

South Florida Exclusive Buyers Agent llc.

Firm/Company

499 NE Mizner Blvd #17

Address

Boca Raton Florida 33432

City/State and Zip Code

Gailkennell@hotmail.com

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

For further information concerning this matter, please call:

Gail Kennell

Name of Person

at (954) 410-0162

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

RECEIVED

13 SEP 12 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 4, 2013

GAIL KENNEL
499 NE MIZNER BLVD
17
BOCA RATON, FL 33432

SUBJECT: SOUTH FLORIDA EXCLUSIVE BUYERS AGENT LLC
Ref. Number: L13000110464

We have received your document for SOUTH FLORIDA EXCLUSIVE BUYERS AGENT 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 the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00020888

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: South Florida Exclusive Buyers Agent LLC

2. (a) Principal office address of limited liability company: 120 east Oakland park blvd
(Note: MUST BE STREET ADDRESS) #105
Fort Lauderdale Florida 33334

(b) Mailing address of limited liability company: 499 NE Mizner Park Blvd. #17
(Note: MAY BE POST OFFICE BOX) Boca Raton, Florida 33432

08/06/2013

L13000110464

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: Gail M. kennell

Registered Office Address: 401 NE Mizner Blvd T509
Boca Raton, Florida 33432

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

NEW Registered Agent: ~~Gail Kennell~~ SAME

NEW Registered Office Address: 499 NE Mizner Blvd. #17
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33432

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.

G. Kennell
Signature of a member or authorized representative of a member

Gail M. Kennell
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.

G. Kennell
Signature of Registered Agent

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

FILED
13 SEP 12 PM 4:00
TALLAHASSEE, FLORIDA