## L13000/26/63

. (Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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NOTIVE SANCE SECTION.

C. LEWIS 2014



August 7, 2014

ROMAN VELTMAN / ELMIRA MANAGEMENT LLC 176 WINDSONG CIR EAST BRUNSWICK, NJ 08816 US

SUBJECT: ELMIRA MANAGEMENT LLC

Ref. Number: L13000126163

We have received your document for ELMIRA MANAGEMENT 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 614A00016935

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Elmina	MANAGEMENT LLC.		
	•	Name of Limited Liability Company		
Dear Sir or Mada	am:			
The enclosed Re	gistered Agent/Register	ed Office Change and fee(s) are submitted for filing.		
Please return all	correspondence concerr	ning this matter to the following:		
<u>`</u>				
Ro	MAN (=0 Name of Person	TMAN		
	Name of Person			
	10 May 20			
Elmi	Firm/Company	emear 40		
	• •			
176 W	INDSONG Address	CIR		
	Address			
two.	Bauaciilian	4/7 02216		
175( )	City/State and Zip C			
ก				
E-mail addi	ress: (to be used for full	P AOL, COM  fre annual report notification)		
For further information concerning this matter, please call:				
<del>-</del>				
Poman VEGMON at (732) 991-2959  Name of Person Area Code & Daytime Telephone Number				
, I	Name of Person	Area Code & Daytime Telephone Number		
	T/COURIER ADDRES			
_	tion Section of Corporations	Registration Section Division of Corporations		
Clifton E		P.O. Box 6327		
	ecutive Center Circle	Tallahassee, Florida 32314		
Tallahas	see, Florida 32301	·		
Enclosed is a check for the following amount:				
. 🚨 \$25 Fi	iling Fee	□ \$55 Filing Fee & Certified Copy		
INH\$18 (2/14)				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:ELMIRA D	MASSAGEMENT L	160
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability	
		(Note: MAY BE POST OFFICE AST BOUNSW/CLL	
3.	Date of filing/registration in Florida  4.	13000 / 26 / 63	
5. (a)	Corporation Service Compared Agent and Registered Office shown on the records of the Florida Dept. of		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	TANAHASSEE ,FL 32 30	<u></u>	<b>-</b> V
(b)	AJ GLOBAL WANAGEMENT, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u> </u>	isles of the August Park
	5830 Ceoper LEAF LANC  NEW Registered Office Address:		Research
	NAPLES, FL 34116		<b>a</b> #
	, FL	<u></u>	
the cha agent was/we	imited liability company is not organized under the laws of the State unge or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability companiere authorized by an affirmative vote of the members of the limited liability colors of organization or the operating agreement of the limited liability.	office and the business office of y, it is hereby confirmed that the ability company or as otherwise processing y company.	the registered change(s) provided in
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee	<u> </u>
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapte ly reflect a change in the registered office address, I hereby confirm I in writing of this change.	is capacity. I further agree to com of my duties, and I am familiar wi er 605, F.S. Or, if this document is a that the limited liability compan	nply with the th and accept is being filed y has been
Signatu	re of Registered Agent		