

L13000148907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C. Lewis
12-16-14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2014

LYNN A. FEDORIW CPA PA
370 CAMINO GARDENS BLVD
SUITE 107
BOCA RATON, FL 33432 US

SUBJECT: TRIDENT SALES ASSOCIATES LLC
Ref. Number: L13000148907

We have received your document for TRIDENT SALES ASSOCIATES 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).

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

Carolyn Lewis
Regulatory Specialist II

Letter Number: 414A00025128

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trident Sales Associates 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:

Lynn A. Fedoriw

Name of Person

Lynn A. Fedoriw, CPA, P.A.

Firm/Company

370 Camino Gardens Blvd, Suite 107

Address

Boca Raton, FL 33432

City/State and Zip Code

lynn@fedoriwcpa.com

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

For further information concerning this matter, please call:

Lynn A Fedoriw

at (561)

852-4577

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

**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. Name of the limited liability company: Trident Sales Associates LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

370 Camino Gardens Blvd, Suite 107

370 Camino Gardens Blvd, Suite 107

Boca Raton, FL 33432

Boca Raton, FL 33432

10/22/2013

L13000148907

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:

Lynn A Fedoriw

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5550 Glades Road Suite 500

Boca Raton, FL 33431

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

Lynn A Fedoriw, CPA, P.A.

NEW Registered Office Address:

370 Camino Gardens Blvd, Suite 107

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.

Lynn A Fedoriw
Signature of a member or authorized representative of a member

Lynn A Fedoriw

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 605, 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.

Lynn A Fedoriw
Signature of Registered Agent

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

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