

L13000164715

(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



400255152694

01/06/14--01003--027 \*\*25.00

2014 JAN -6 PM 6:30  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 8 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fast Forwarders Bahamas 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:

Adrian S. Williams

Name of Person

Fast Forwarders Bahamas LLC

Firm/Company

1707 South Perimeter Rd. 33A

Address

Fort Lauderdale, Florida US 333

City/State and Zip Code

skyking82@gmail.com

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

For further information concerning this matter, please call:

Adrian S. Williams

Name of Person

at ( 305 ) 332-6867

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

Pursuant to the provisions of Section 607.03, 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.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Adrian S. Williams

1270 NE 200 St  
Miami, Florida US 33179

- 1707 South Perimeter Rd.  
Hangar A  
Fort Lauderdale, US

Signature of a member or authorized representative of a member

Adrian Williams  
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*

*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**