

L14000084368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

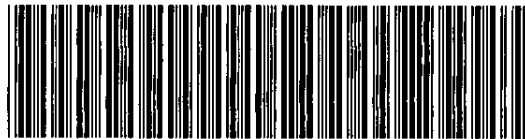
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR -9 PM 1:15

C.L.
3-10-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2015

PAUL GOLDENBERG / PD SOLUTIONS LLC
244 MADISON AVE PMB 344
NEW YORK, NY 10016 US

SUBJECT: PD SOLUTIONS LLC
Ref. Number: L14000084368

We have received your document for PD SOLUTIONS 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: 915A00003379

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PD SOLUTIONS 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:

PAUL GOLDENBERG

Name of Person

PD SOLUTIONS LLC

Firm/Company

244 Madison Ave. PMB 344

Address

NEW YORK, NY 10016

City/State and Zip Code

MG@MRMDMANAGEMENT.COM

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

For further information concerning this matter, please call:

MATHEU GOLDENBERG

Name of Person

at (917) 225-2229

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: PD SOLUTIONS LLC

2. (a) 16445 COLLINS AVENUE (b) 244 MADISON AVE.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

PM 24
SUNNY ISLES, FL 33160

PMB 344
NEW YORK, NY 10016

L14000084368

3. Date of filing/registration in Florida 4. Document number

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

11900 BISCAYNE BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33181

(b) PD SOLUTIONS LLC / Paul Goldenberg
Enter name of NEW Registered Agent and/or NEW Registered Office address:

16445 COLLINS AVE
NEW Registered Office Address:

PM 24

SUNNY ISLES, FL 33160

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.

[Signature]
Signature of a member or authorized representative of a member

MATHIEU GOLDENBERG
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.

[Signature]
Signature of Registered Agent

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

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