

L16000025193

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(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2016

PATRICE A. TEDESCO, ESQ.  
MYRON E. SIEGEL, P.A.  
1055 S. FEDERAL HWY.  
HOLLYWOOD, FL 33020

SUBJECT: PENINSULA 3003/3002, LLC  
Ref. Number: L16000025193

We have received your document for PENINSULA 3003/3002, LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00026800

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PENINSULA 3003/3002, 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:

Patrice A. Tedesco, Esq.

\_\_\_\_\_  
Name of Person

Myron E. Siegel, P.A.

\_\_\_\_\_  
Firm/Company

1055 S. Federal Hwy

\_\_\_\_\_  
Address

Hollywood, FL 33020

\_\_\_\_\_  
City/State and Zip Code

patrice@siegelaw.com

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

For further information concerning this matter, please call:

Patrice A. Tedesco

at ( 954 )

703-1653

\_\_\_\_\_  
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: PENINSULA 3003/3002, LLC

2. (a) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1920 E. HALLANDALE BCH BLVD 801

HALLANDALE BEACH, FL 33009

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1920 E. HALLANDALE BCH BLVD 801

HALLANDALE BEACH, FL 33009

02/05/2016

L16000025193

3. Date of filing/registration in Florida

4. \_\_\_\_\_

Document number

5. (a) Myron E. Siegel

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1920 E. Hallandale Beach Blvd, Suite 801

Hallandale Beach, FL 33009

(b) Myron E. Siegel

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

Myron E. Siegel, P.A.

**NEW** Registered Office Address:

1055 S. Federal Hwy

Hollywood, FL 33020

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.

Patrice A. Tedesco, Esq.  
Signature of a member or authorized representative of a member

PATRICE A. TEDESCO, ESQ.  
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 of Registered Agent

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