

L7000064236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

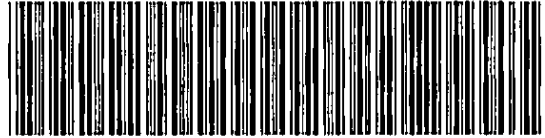
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JAN -5 PM 1:19

STATE  
CLERK  
TALLAHASSEE, FL

O SIMMONS

JAN 15 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2020

BIANCA PANDOLFO  
1390 S FEDERAL HWY  
POMPANO BEACH, FL 33062

SUBJECT: OAKLAND CORNER CENTER, LLC  
Ref. Number: L17000064236

We have received your document for OAKLAND CORNER CENTER, 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).

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) 245-6050.

Terri J Schroeder  
Regulatory Specialist III

Letter Number: 520A00025581

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oakland Corner Center 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:

Bianca Pandolfo  
Name of Person

Oakland Corner Center LLC  
Firm/Company

1390 S Federal hwy  
Address

Pompano Beach, FL 33062  
City/State and Zip Code

~~Pandolfo~~ Oaklandcornercenter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bianca Pandolfo at ( 754 ) 304 5798  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount: → already paid 35\$

☒ \$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: Oakland Corner Center LLC

2. (a) 1390 S Federal Hwy (b) Same  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 03/22/2017 4. L17000064 236  
Date of filing/registration in Florida Document number

5. (a) Karen L Christensen  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
25 Forest Hills Lane  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton FL 33431

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

1390 S Federal Hwy  
Pompano Beach, FL 33062  
FL

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DIVISION OF STATE  
CORPORATIONS, FL

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.

B Pandolfo  
Signature of a member or authorized representative of a member

Bianca Pandolfo  
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.*

B Pandolfo  
Signature of Registered Agent