

L18 0000 38444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

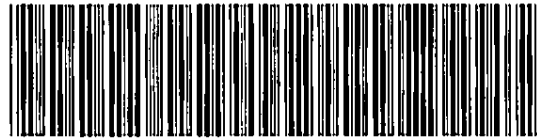
(Document Number)

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20 MAR 30 PM 4: 29

FILED  
MAR 30 2020  
FBI - CLEVELAND

*RA Change*

MAR 30 2020

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 959 RIDGELINE 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:

JASON ABECASSIS

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

959 RIDGELINE LLC

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

381 SW 187TH AVE

\_\_\_\_\_  
Address

PEMBROKE PINES, FL. 33029

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

JASONABECASSIS@YAHOO.COM

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

For further information concerning this matter, please call:

JASON ABECASSIS

305

494-4298

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

20 MAR 30 PM 4: 29

RECEIVED  
DIVISION OF CORPORATIONS



RECEIVED

2020 MAR 30 AM 11:14

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2020

JASON ABECASSIS  
959 RIDGELINE LLC  
381 SW 187TH AVE  
PEMBROKE PINES, FL 33029

SUBJECT: 959 RIDGELINE, LLC  
Ref. Number: L18000038444

We have received your document for 959 RIDGELINE, 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.

Diane Cushing  
Senior Section Administrator

Letter Number: 920A00005636

**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: 959 RIDGELINE LLC

2. (a) 959 RIDGELINE LLC (b) \_\_\_\_\_

Principal office address of limited liability company:

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

381 SW 187TH AVE.

PEMBROKE PINES, FL. 33029

Mailing address of limited liability company:

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

381 SW 187TH AVE.

PEMBROKE PINES, FL. 33029

2-16-2018

L-18000038444

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS INC.

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

13302 WINDING OAK COURT

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

SUITE A

TAMPA

FL 33612

(b) VERONICA FLORES

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

381 SW 187TH AVE

**NEW Registered Office Address:**

PEMBROKE PINES

FL 33029

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 of a member or authorized representative of a member

JASON ABECASSIS MGR

Printed or typed name of signer

*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**