

L18 000201297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

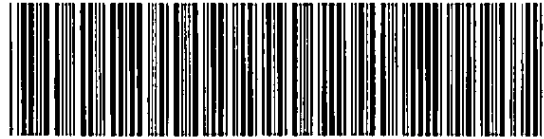
(Business Entity Name)

(Document Number)

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2020 SEP 17 AM 9:04  
CLERK OF STATE  
TALLAHASSEE, FL

JG 10/22/20

**VALLINA GRISANTI, PA**  
ATTORNEY-AT LAW  
P.O. BOX 266451  
Weston, FL 33326  
Phone (305) 299-2638  
E-mail: [LAWMVG@gmail.com](mailto:LAWMVG@gmail.com)

September 16, 2020

**MEMORANDUM**

**To:** Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**From:** VALLINA GRISANTI, PA

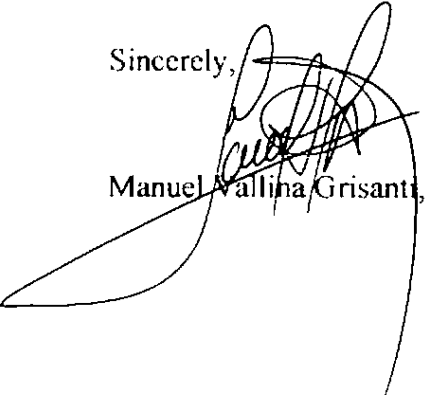
**RE: P&F MANAGEMENT, LLC – Statement of change of registered Agent**

Enclosed please find:

- 1.- Cover Letter
- 2.- Statement of Change of Registered Agent
- 3.- Check enclosed for \$ 55. Filing Fee & Certified Copy

I look forward to hearing from you soon.

Sincerely,

  
Manuel Vallina Grisanti, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** P & F MANAGEMENT, 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:

MANUEL VALLINA GRISANTI, ESQ.

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

VALLINA GRISANTI, PA

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

4061 SANDERLING LANE

\_\_\_\_\_  
Address

WESTON, FLORIDA, 33331

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

LAWMVG@GMAIL.COM

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

For further information concerning this matter, please call:

MANUEL VALLINA GRISANTI, ESQ. at (305) 299-2638

\_\_\_\_\_  
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.*

**P & F MANAGEMENT, LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) 201 S. BISCAYNE BOULEVARD (b) 201 S. BISCAYNE BOULEVARD

Principal office address of limited liability company:

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

# 1480 MIAMI FLORIDA 33131

Mailing address of limited liability company:

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

# 1480 MIAMI FLORIDA 33131

08/22/2018

L 18000201287

3. Date of filing/registration in Florida

4. Document number

5. (a) ADAN A. AULET JR.

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

MACLEAN AND EMA, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2600 NE 14TH STREET CAUSEWAY

POMPANO BEACH, FL 33062

MANUEL VALLINA GRISANTI, ESQ.

(b)

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

VALLINA GRISANTI, PA

**NEW** Registered Office Address:

4061 SANDERLING LANE

WESTON, FL 33331

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

MARTIN PROSPERI SR.  
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
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2600 NE 14TH STREET CAUSEWAY  
POMPANO BEACH FL 33062
- (b) MANUEL VALLINA GRISANTI, ESQ.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
VALLINA GRISANTI, PA  
**NEW** Registered Office Address:  
4061 SANDERLING LANE  
WESTON FL 33331

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Signature of a member or authorized representative of a member

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Printed or typed name of signee

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\_\_\_\_\_  
Signature of Registered Agent

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

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2600 NE 14TH STREET CAUSEWAY

POMPANO BEACH, FL 33062

MANUEL VALLINA GRISANTI, ESQ.

(b)

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

VALLINA GRISANTI, PA

NEW Registered Office Address:

4061 SANDERLING LANE

WESTON, FL 33331

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\_\_\_\_\_  
Signature of a member or authorized representative of a member

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\_\_\_\_\_  
Signature of Registered Agent

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

FILING FEE: \$25.00