

L18000 272 065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

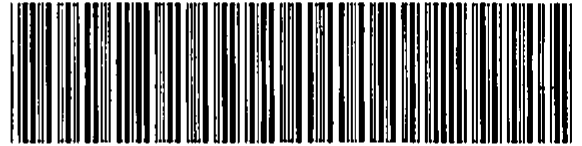
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/19--01028--018 **52.50

08/30/19--01002--003 **25.00

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2019 AUG 30 PM 1:29
SECTION 10-FILE
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2019

FRIENDS RASOI LLC
7130 N UNIVERSITY DRIVE
TAMARAC, FL 33021

SUBJECT: FRIENDS RASOI LLC
Ref. Number: L18000272065

We have received your document for FRIENDS RASOI LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 819A00016942

2019 AUG 27 PM 2:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRIENDS RASOI 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:

RIAZ AKRAM
Name of Person

FRIENDS RASOI LLC
Firm/Company

7130 N. UNIVERSITY DR
Address

TAMARAC FL 33321
City State and Zip Code

RIAZAKRAM@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RIAZ AKRAM at (904) 786-557-2119
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: FRIENDS RASOI LLC

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

7130 N UNIVERSITY DR
TAMARAC FL 33321

7130 N UNIVERSITY DR
TAMARAC FL 33321

3. _____ 4. L18000272-065
Date of filing/registration in Florida Document number

5. (a) IQBAL PANTWANI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1215 W. PALMETO PARK RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON FL 33321

(b) RIAZ AKRAM
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7130 N UNIVERSITY DRIVE
NEW Registered Office Address:

TAMARAC FL FL 33321

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

IQBAL PANTWANI
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.

RIAZ AKRAM
Signature of Registered Agent

RIAZ AKRAM

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2019 AUG 30 PM 1:29
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FLORIDA