m06000001905

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

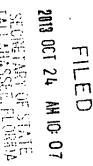
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations

PASSEN ENTERPRISES, 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:

Selvin Passen, M.D.

Name of Person

Firm/Company

2001 SW 20th Street, Suite 102

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

selpassen@att.net

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

For further information concerning this matter, please call:

Albert L. Frevola, Jr. at (954) 847-3305

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2013

SELVIN PASSEN, M.D. 2001 SW 20TH STREET SUITE 102 FT. LAUDERDALE, FL 33315

SUBJECT: PASSEN ENTERPRISES, LLC

Ref. Number: M06000001905

We have received your document for PASSEN ENTERPRISES, 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):

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) 245-6051.

Letter Number: 513A00022764

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nai	me of the limited liability company: PASSEN ENTERPRISE	S, LLC		· -		
2.	(a)	Principal office address of limited liability company	2001 SW 20th Street, Suite 102	三岩	28 18	_	
		(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 33315	<u></u>	-		
				22/57/		<u> </u>	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		- 53.5E	24		
				riio		[1]	
				-11	T.		
04/03/2006			M06000001905		Ö		
			4. Document number	**************************************	=======================================		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Schneider, Walter B.				
		Registered Office Address:	1401 E. Broward Blvd., Suite 200				
		Tropistores of the Production,	Fort Lauderdale, FL 33301		-		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address: Albert L. Frevola, Jr.				
		NEW Registered Office Address:	633 S. Federal Highway				
		(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale, FL 33301				
			,	FL			
cor and lia the the	nfirr d the bilit me	imited liability company is not organized under the laned that after the change or changes are made, the Flore business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise training agreement of the limited liability company.	orida street address of the registe cal. Or, in the case of a Florida was/were authorized by an affir	ered offi limited mative v	ote of	7	
<u>_</u>	<u> 15</u>	ELVIN PASSEN, M.D					
		or typed name of signee					
I I cor an Ch ad	nere mply d I d apte dres	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the proming familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to mer so thereby confirm that the limited liability company	ree to act in this capacity. I fur per and complete performance of ition as registered agent as pro ely reflect a change in the regis has been notified in writing of t	rther agr of my du vided for tered off this char	ree to ties, r in fice ige.		
Şie	e di	e of Registered Agent					
		Division of Corporations, P.O. Roy 632	7 Tallahassaa FI 32314				

FILING FEE: \$25.00