

MO6000001905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan OCT 24 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **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**

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



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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 513A00022764

**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. Name of the limited liability company: PASSEN ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: 2001 SW 20th Street, Suite 102  
Fort Lauderdale, FL 33315  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

04/03/2006

3. Date of filing/registration in Florida

M06000001905

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  
Fort Lauderdale, FL 33301

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

**NEW** Registered Agent:

Albert L. Frevola, Jr.

**NEW** Registered Office Address:

633 S. Federal Highway

**(MUST BE FLORIDA STREET ADDRESS)**

Fort Lauderdale, FL 33301

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.

*Sylvia Passen, M.D.*  
Signature of a member or authorized representative of a member

*SELVIA PASSEN, M.D.*  
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 608, 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]*  
Signature of Registered Agent

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

**FILING FEE: \$25.00**