

MD9000004915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

MD9-4915

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 19 AM 8:49

N. Culligan JAN 19 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2011

ERROL C. WEST
PO BOX 30535
PALM BEACH GARDENS, FL 33420

SUBJECT: ADVANCED JETS, L.L.C.
Ref. Number: M09000004915

We have received your document for ADVANCED JETS, L.L.C. and your check(s) totaling \$30.00. 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.

Note the additional fee of \$25.00. Because this is a Foreign LLC you would have to file the two forms to make the changes.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 711A00000650

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Jets, 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:

Errol C. West
Name of Person

Advanced Jets, LLC
Firm/Company

P.O. Box 30535
Address

Palm Beach Gardens, FL 33420
City/State and Zip Code

awest@advancedjets.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Errol C. West at (561) 376-0878
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 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: _____

Advanced Jets, LLC

2. (a) Principal office address of limited liability company: _____

102 NE 2nd St., Ste 295
Boca Raton, FL 33432

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

(b) Mailing address of limited liability company: _____

P.O. Box 30535
Palm Beach Gardens, FL 33420

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

3. Date of filing/registration in Florida _____

12/16/2009

4. Document number _____

M:0900000 491

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

Registered Agent: _____

Paul Levine

Registered Office Address: _____

1 S. Ocean Blvd., Ste 308
Boca Raton, FL 33432

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

NEW Registered Agent: _____

Errol C. West

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

102 NE 2nd St., Ste 308
Boca Raton, FL 33432

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 _____

Errol C. West

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 of Registered Agent _____

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

FILING FEE: \$25.00