

PD4000014930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

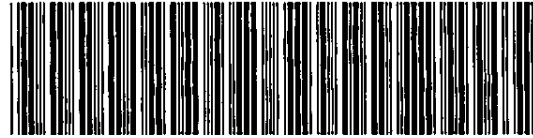
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/13/13--01003--004 **10.00

10/28/13--01057--009 **25.00

13 NOV 12 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

NOV 14 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2013

MR. NICOLAS BROCHERIE
1075 NE 79TH STREET, LLC
270 NE 61ST STREET
MIAMI, FL 33137

SUBJECT: NICOLAS BROCHERIE, P.A.
Ref. Number: P04000014930

We have received your document for NICOLAS BROCHERIE, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 113A00025422

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nicolas Brocherie, P.A.
Name of Limited Liability Com

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee

Please return all correspondence concerning this matter to the foll

Mr. Nicolas Brocherie
Name of Person

Nicolas Brocherie, P.A.
Firm/Company

270 NE 61st Street
Address

Miami, FL 33137
City/State and Zip Code

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

For further information concerning this matter, please call:

Mr. Nicolas Brocherie at (305) 7
Name of Person Area Code

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING

Registration
Division of
P.O. Box 6:
Tallahassee

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing

FOR Filing Fee Registered Agent Change

100-245711-10670061321:2000028257312

WACHOVIA
Wachovia Bank, a division of Wells Fargo Bank, N.A.

PAY TO THE ORDER OF Florida Department of State

Twenty Five

\$ 25.00

DOLLARS

DATE October 23, 2013

2247
63-643/670
BRANCH 00351

\$ 10.00
Additional
\$ 35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Nicolas Bracherie P.A.
2. The principal office address: 270 NE 61st Street
Miami, FL 33137
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01.20.04 Document number: P04000014930

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Allen Koltun CPA, PA
1717 N. Bayshore Ave #116
Miami, FL 33132

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicolas Bracherie
270 NE 61st Street
Miami, FL 33137

P.O. Box NOT acceptable

13 NOV 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Nicolas Bracherie
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11.5.13
Date

If signing on behalf of an entity:

Nicolas Bracherie
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314