

PD5000026316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2006

Abraham Abreu, Sr.
Abe Abreu, PA
5020 Clark Rd. #310
Sarasota, FL 34233

SUBJECT: ABE ABREU, SR., P.A.
Ref. Number: P05000026316

We have received your document for ABE ABREU, SR., P.A. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You submitted two additional limited liability company documents in addition to this document but the fee of \$50 that was submitted covered the filing of those two documents. Please submit the filing fee of \$35 for this agent change. Also when submitting documents to this office in the future, please legibly print.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 106A00038453



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Susan Payne
Senior Section Administrator

Letter Number: 106A00038453

Handwritten:
Paid 6/15/06
AABA-chk# 1080
\$35.02

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Abe Abner, SR. PA
(Name of Corporation)

DOCUMENT NUMBER: P050000 20316

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abraham Abner, SR
(Name of Contact Person)

Abe Abner PA
(Firm/Company)

5020 Clavell Rd #310
(Address)

SARASOTA FL 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

Abe Abner, SR at (941) 587-8049
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: The Abren, SR. PA
2. The principal office address: 5020 Clark Rd #310
SARASOTA, FL 34233
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 02/11/2005 Document number: POS000020316
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Theodore Paniker Esq
2033 Main Street STE
SARASOTA FL 34237

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

Abraham A. Abren, SR
5020 Clark Rd #310
(P.O. Box NOT acceptable)
SARASOTA FL 34233

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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] Abraham Abren, sr
(Signature of an officer or director) (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] 05/20/2006
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Abraham A. Abren, sr
(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