

P08000037107

(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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Office Use Only



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RA
Change

12/10/08--01017--011 **25.00

01/07/09--01018--015 **10.00

FILED
2009 JAN -6 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1/7/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brian Levine, PA

(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:

Brian M. Levine

(Name of Person)

Brian Levine, PA

(Firm/Company)

7450 Pointe Venezia Drive

(Address)

Orlando, FL 32836

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian M. Levine

(Name of Person)

at (321) 663-3424

(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

December 16, 2008

Brian M. Levine
Brian Levine, P.A.
7450 Pointe Venezia Drive
Orlando, FL 32836

SUBJECT: BRIAN LEVINE, P.A.
Ref. Number: P08000037107

We have received your document for BRIAN LEVINE, 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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 508A00060510

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN -6 AM 8:00

RECEIVED

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Brian Levine, PA
2. The principal office address: 7450 Pointe Venezia Dr,
Orlando, FL 32836
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/10/2008 Document number: P08000037107
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)

Brian Levine
6977 Dolce St
Orlando, FL 32819

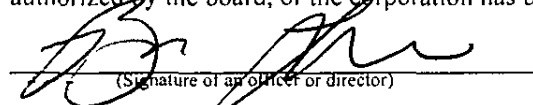
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brian Levine
7450 Pointe Venezia Dr
(P.O. Box NOT acceptable)
Orlando, FL 32836

FILED
2009 JAN -6 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

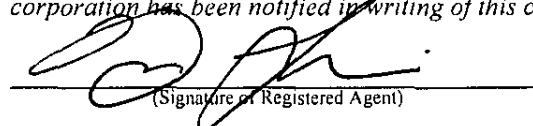
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director)

Brian Levine, President
(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 of Registered Agent)

12/30/08
(Date)

If signing on behalf of an entity:

(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
CR2E045 (8/05)