

P11000056057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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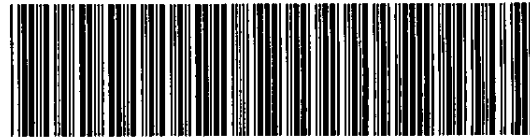
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TQ:** Amendment Section  
Division of Corporations

**SUBJECT:** D\$LLARVILLE  
Name of Corporation

**DOCUMENT NUMBER:** p11000056057

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:

JEFF M DAVID  
Name of Contact Person

D\$LLARVILLE CORP  
Firm/Company

2466 SHERIDAN ST  
Address

HOLLYWOOD FL 33020  
City/State and Zip Code

SACINOVILLE@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF M DAVID at ( 305 ) 748-9447  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2012

JEFF M. DAVID  
D\$LLARVILLE CORP  
2466 SHERIDAN STREET  
HOLLYWOOD, FL 33020

SUBJECT: D\$LLARVILLE CORP  
Ref. Number: P11000056057

We have received your document for D\$LLARVILLE CORP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person being named in #6 as the new registered agent must sign accepting the designation.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 312A00005324

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: D\$LLARVILLE CORP
2. The principal office address: 2246 SHERIDAN ST  
HOLLYWOOD FL,33020
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/16/2011 Document number: P11000056057
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)

SARAH B, CENA

615 NW 1ST CT APT#106

PEMBROKE PINE FL,33024

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

JEFF M DAVID

2466 SHERIDAN ST

P.O. Box NOT acceptable

HOLLYWOOD FL,33020

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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

OWNER  
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

03/16/2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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