

P94000019560

(Requestor's Name)

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(Business Entity Name)

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STATE OF FLORIDA  
TALLAHASSEE

*RAChang*

OCT - 1 2012

T. LEWIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southern Audio Visual, Inc.  
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:

S. Daniel Ponce, Esq.

Name of Person

Legon Ponce & Fodiman, P.A.

Firm/Company

1111 Brickell Avenue, Suite 2150

Address

Miami, Florida 33131

City/State and Zip Code

paullovey@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Daniel Ponce

Name of Person

at ( 305 )

444-9991

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  
36

☐ ~~\$55 Filing Fee & Certified Copy~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2012

S. DANIEL PONCE, ESQ.  
LEGON PONCE & FODIMAN, P.A.  
1111 BRICKELL AVENUE, SUITE 2150  
MIAMI, FL 33131

SUBJECT: SOUTHERN AUDIO VISUAL, INC.  
Ref. Number: P94000019560

We have received your document for SOUTHERN AUDIO VISUAL, INC. 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.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 112A00022930

RECEIVED

12 OCT -1 AM 10:23

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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: SOUTHERN AUDIO VISUAL, INC.
2. The principal office address: 11700 NW 102 ROAD #15, MIAMI, FLORIDA 33178
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 03/09/1985 Document number: P94000019560
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)

CFRA, LLC

100 S. ASHLEY DRIVE, SUITE 400

TAMPA, FLORIDA 33602

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

S. DANIEL PONCE, ESQ. - LEGON PONCE & FODIMAN, P.A.

1111 BRICKELL AVENUE, SUITE 2150

P.O. Box NOT acceptable

MIAMI, FLORIDA 33131

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 officer or director

PAUL LOWENTHAL

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

9/28/12  
Date

If signing on behalf of an entity:

S. DANIEL PONCE, ESQ., LEGON PONCE & FODIMAN, P.A.

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 (03/12)

STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

12 OCT - 1 PM 12:06

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