

LD8000041290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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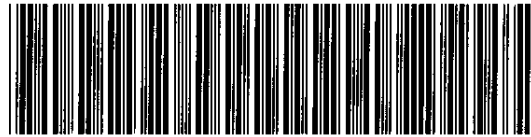
(Business Entity Name)

(Document Number)

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08 JUN -9 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gemballa LLC.
(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:

Winnie Pritchett

(Name of Person)

(Firm/Company)

259 BUTTERWOOD DRIVE

(Address)

Key Biscayne FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Winnie Pritchett

(Name of Person)

at (305) 588 2816

(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

June 2, 2008

WINNIE PRITCHETT
259 BUTTONWOOD DR
KEY BISCAVNE, FL 33149

SUBJECT: GEMBALLA LLC
Ref. Number: L08000041290

RECEIVED
08 JUN -9 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for GEMBALLA LLC 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 document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00034267

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Gembulla LLC.

2. (a) Principal office address of limited liability company: 259 Buttonwood Drive
Key Biscayne, FL 33149
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Same as above

3. Date of filing/registration in Florida

4/24/08

4. Document number

L08000041290

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Winnie Pritchett

Registered Office Address:

259 Buttonwood Drive

Key Biscayne, FL 33149

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Pritchett Family Investments LLC

NEW Registered Office Address:

259 Buttonwood Drive

(MUST BE FLORIDA STREET ADDRESS)

Key Biscayne, FL 33149

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Winnie Pritchett

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

[Signature]

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUN -9 PM 3:30
TALLAHASSEE, FLORIDA
DEPT. OF STATE