

# LO9000022936

*Denise + Company, LLC*  
*P.O. Box 547065*  
*Orlando, FL 32854*

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

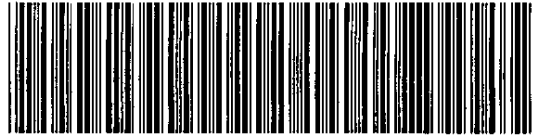
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

JUL 29 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Denise Autorino + Company, 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:

Denise Autorino  
Name of Person

Denise Autorino + Company LLC  
Firm/Company

415 E. Pine St. # 512  
Address

Orlando, FL 32801  
City/State and Zip Code

Denise @ Denise and Company.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Autorino at ( 407 ) 233-7305  
Name of Person 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

*\$35.00 already sent*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 JUL 28 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 22, 2009

DENISE AUTORINO & COMPANY, LLC  
P O BOX 547065  
ORLANDO, FL 32854

SUBJECT: DENISE AUTORINO & COMPANY, LLC  
Ref. Number: L09000022936

We have received your document for DENISE AUTORINO & COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

A post office box is not an acceptable address for the registered agent.

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: 009A00025169

**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: Denise Autorino + Company LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

415 E. Pine St. #512  
ORLANDO, FL 32801

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

415 E. Pine St. #512  
ORLANDO, FL 32801

3/8/09

Form 2553

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Denise Autorino

Registered Office Address:

6078 Caymus Loop  
WINDERMERE, FL 34786

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

**NEW Registered Agent:**

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)**

415 E. Pine St. #512  
ORLANDO  
ORLANDO, FL 32801

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.

Denise Autorino  
Signature of a member or authorized representative of a member

Denise Autorino  
Printed or typed name of signer

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 or address, I hereby confirm that the limited liability company has been notified in writing of this change.

Denise M. Autorino  
Signature of Registered Agent

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
APR 28 PM 1:57