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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

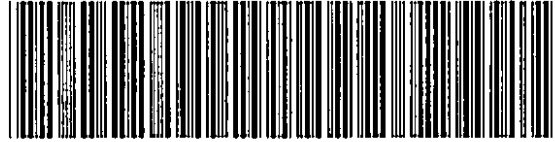
(Business Entity Name)

(Document Number)

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2023 SEP 28 PM 12:17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2023

SANDRA SCHABERT
13718 CITRUS GROVE BLVD
WEST PALM BEACH, FL 33412

SUBJECT: SUESSE SHOPPE, LLC
Ref. Number: L22000001064

2023 MAR 28 PM 17

We have received your document for SUESSE SHOPPE, 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):

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

We are enclosing the proper form(s) with instructions for your convenience.

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.

Alecia Rivers
Regulatory Specialist II

Letter Number: 823A00005780

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suisse Shoppe, 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:

Sandra Schabert
Name of Person

Suisse Shoppe, LLC
Firm/Company

13718 Citrus Grove Blvd.
Address

W Palm Beach, FL 33412
City/State and Zip Code

suesseshoppe@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Schabert at (561) 452-3412
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

2024 JUN 28 PM 12:17

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Suesse Shoppe, LLC.
2. (a) 13718 Citrus Grove Blvd. (b) 13718 Citrus Grove Blvd.
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
West Palm Beach, FL West Palm Beach, FL
33412 33412

3. 12/22/2021 Date of filing/registration in Florida 4. L22000001064 Document number

5. (a) Northwest Registered Agent LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
7901 4th Street N, Suite 300
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. Petersburg FL 33702

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

NEW Registered Office Address:
13718 Citrus Grove Blvd
West Palm Beach FL 33412

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.

Sandra Schabert
 Signature of a member or authorized representative of a member

Sandra Schabert
 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 605, 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.

Sandra Schabert
 Signature of Registered Agent

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