

L15000036195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV -5 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FL WINE 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:

SIMONE MARAVALLE

\_\_\_\_\_  
Name of Person

FL WINE LLC

\_\_\_\_\_  
Firm/Company

200 BISCAYNE BLVD WAY APT 4208

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

s.maravalle@gmail.com

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

For further information concerning this matter, please call:

SIMONE MARAVALLE

\_\_\_\_\_  
Name of Person

at ( 917 )

9715185 EAST TIME

\_\_\_\_\_  
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

*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.*

2. (a) 200 BISCAYNE BLVD WAY APT 4208 MIAMI, (b) 200 BISCAYNE BLVD WAY MIAMI, FL 33

MIAMI FL 3313

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INHS18 (2/14)

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