

LO3000011842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

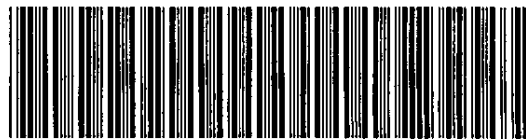
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 04 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2014

J MARC SAUVE
5322 SW 86TH WAY
COOPER CITY, FL 33328

SUBJECT: LIQUIGLAS, LLC
Ref. Number: L03000011842

We have received your document for LIQUIGLAS, 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):

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00004392

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liquiglas, 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:

J Marc Sauvé

Name of Person

Liquiglas, LLC

Firm/Company

5322 SW 86th Way

Address

Cooper City, FL 33328

City/State and Zip Code

Ingridsauve@bellsouth.net

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

For further information concerning this matter, please call:

Ingrid Sauvé

Name of Person

at (954) 379-6644

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

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TALLAHASSEE, FLORIDA

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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: Liquiglas, LLC

2. (a) Principal office address of limited liability company: 5322 SW 86th Way
(Note: **MUST BE STREET ADDRESS**) Cooper City, FL 33328

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

04/02/2013

L03000011842

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: Registered Agents Agents of Florida, LLC

Registered Office Address: 100 Southeast 2nd Street
Suite 2900
Miami, FL 33131

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

NEW Registered Agent: Ingrid Sauvé

NEW Registered Office Address: 5322 SW 86th Way
(**MUST BE FLORIDA STREET ADDRESS**) Cooper City, FL 33328

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)

J Marc Sauvé

(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)

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

FILING FEE: \$25.00