

L03000049261

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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J. BRYAN JUL 22 2004

J. BRYAN JUL 30 2004

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JIMMY'S FASHION, LLC

(Name of corporation)

**DOCUMENT NUMBER:** L03000049261

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDRINE AQUINO GUEMBES

(Name of person)

Jimmy's Fashion, LLC

(Name of firm/company)

326 Surfside Blvd., # 15

(Address)

Surfside, FL 33154

(City/state and zip code)

For further information concerning this matter, please call:

Alexandrine Aquino Guembes

(Name of person)

at ( 305 ) 389-8455

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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2004 JUN 29 PM 4:08  
JIMMY'S FASHION, LLC  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 22, 2004

ALEXANDRINE AQUINO GUEMBES  
JIMMY'S FASHION, LLC  
326 SURFSIDE BLVD., #15  
SURFSIDE, FL 33154

SUBJECT: JIMMY'S FASHION LLC  
Ref. Number: L03000049261

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TALLAHASSEE, FLORIDA

We have received your document for JIMMY'S FASHION 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):

You completed the wrong form.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 104A00046483

Filing Fee = \$ 25.<sup>00</sup>  
Amount Paid = 35.<sup>00</sup>  
CREDIT = 10.<sup>00</sup>

**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. The name of the limited liability company is: Jimmy's Fashion, LLC
2. The mailing address of the limited liability company is : 326 Surfside Blvd, #15  
Surfside, FL 33154
- 01-01-04 L03000049261
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alexandrine Aquino Guembes  
Name  
8216 Crespi Blvd, #1  
Address  
Miami Beach, FL 33141  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Alexandrine Aquino Guembes  
Name  
326 Surfside Blvd, #15  
Florida street address (P.O. Box NOT acceptable)  
Surfside FL 33154  
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

Alexandrine A. Guembes  
(Signature of a member or authorized representative of a member)

Alexandrine A. Guembes  
(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.*

Alexandrine A. Guembes  
(Signature of Registered Agent)

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