

L05 000034986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

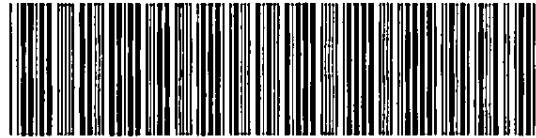
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/CH8

JAN 29 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samici, 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:

Jennifer Goldman
Name of Person

Samici, LLC
Firm/Company

6549 Landings Ct
Address

Boca Raton FL 33496
City/State and Zip Code

jsgold68@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Goldman at (954) 494-0518
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2020

JENNIFER GOLDMAN
6549 LANDINGS CT
BOCA RATON, FL 33496

SUBJECT: SAMICI, LLC
Ref. Number: L05000034986

*Sent New
check for
\$5.00*

We have received your document for SAMICI, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00001110

2020 JAN 29 11:24

**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: Samici, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

6549 Landings Ct
Boca Raton FL 33496

Mailing address of limited liability company:

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

6549 Landings Ct
Boca Raton FL 33496

3. April 8, 2005
Date of filing/registration in Florida

4. L05000034986
Document number

5. (a) Eisler, Michael, Jr. ESQ - Retired
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2500 Weston Rd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. 213
Weston FL 33331

(b) Jennifer Goldman

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

6549 Landings Ct

NEW Registered Office Address:

Boca

Boca Raton FL 33496

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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.

Signature of a member or authorized representative of a member

Sandy Goldman
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.

Jennifer Goldman
Signature of Registered Agent