

LC5 0000 6306Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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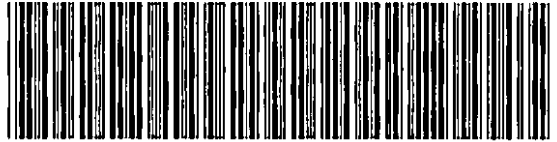
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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FLORIDA DEPARTMENT OF STATE SEP 10 AM 10:59  
Division of Corporations

July 14, 2021

SARAH DENIS, ESQ  
140 SW 51ST AVE  
CORAL GABLES, FL 33134

SUBJECT: LUMISA LLC  
Ref. Number: L05000063062

We have received your document for LUMISA 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 221A00016089

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lumisa 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:

Sarah Denis, Esq.

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

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

140 SW 51st Avenue

\_\_\_\_\_  
Address

Coral Gables, Florida 33134

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

sarahdenis100@gmail.com

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

For further information concerning this matter, please call:

Milagros Denis

305 206-4831  
at ( )

\_\_\_\_\_  
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

**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: Lumisa LLC

2. (a) 5960 NW 38<sup>th</sup> Street  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Virginia Gardens, FL 33166

3. 6/24/2005 Date of filing/registration in Florida

4. L05000063062 Document number

5. (a) Sarah Denis, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 SW 67th Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Unit 100  
Miami, FL 33143

(b) Sarah Denis, Esq.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:  
140 SW 51st Avenue  
Coral Gables, FL 33134

**FILED**  
2021 SEP 10 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Milagros Denis  
Signature of a member or authorized representative of a member

Milagros Denis  
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 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.*

[Signature]  
Signature of Registered Agent