

LO5000083056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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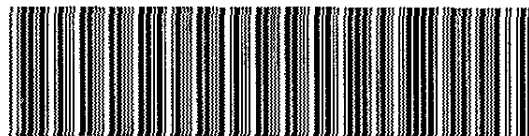
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2006

IRENE MIRAND
3001 S. OCEAN DR. APT 821
HOLLYWOOD, FL 33019

SUBJECT: INTERNATIONAL DESIGN AND MANAGEMENT CONSULTING,
LLC
Ref. Number: L05000083056

We have received your document for INTERNATIONAL DESIGN AND MANAGEMENT CONSULTING, 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):

YOU MUST COMPLETE SECTION 6 IF YOU ARE CHANGING THE REGISTERED AGENT'S ADDRESS.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 506A00062078

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International Design & Management Consulting, 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:

Irene MIRAND

(Name of Person)

International Design & Management Consulting, LLC

(Firm/Company)

(New) 3001 S. Ocean Dr, Apt 821

(Address)

Hollywood, FL 33019

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Irene MIRAND

(Name of Person)

at (954) 478-3267

(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

Address change only
**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: International Design Management Consulting, LLC

2. The mailing address of the limited liability company is: (new) address only:
3001 S. Ocean Blvd, Apt 821, Hollywood, FL 33019

August 22, 2005
3. Date of filing/registration in Florida

405000083056
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:

International Design Management Consulting, LLC
Name
266 SW Manatee Springs Way
Address
Port St. Lucie, FL 34986
City, State and Zip

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

same (Irene Mirand)
Name
3001 S. Ocean Blvd, Apt 821
Florida street address (P.O. Box NOT acceptable)
Hollywood, FL 33019
City, State and Zip

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.

I. Mirand
(Signature of a member or authorized representative of a member)

IRENE MIRAND

(Printed or typed name of signee)

OCT 13, 2006

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

INHS18 (8/05)

paid 25.00 ct #3826

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