

L060000Z1811

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(City/State/Zip/Phone #)

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06 APR 18 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMS DESIGNS LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Kassis

(Name of Person)

JMS DESIGNS LLC.

(Firm/Company)

3802 Ehrlich Rd. Suite 307

(Address)

Tampa, Florida 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

John Kassis

(Name of Person)

at ( 727 ) 423-3029

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
06 APR 18 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2006

JOHN KASSIS  
JMS DESIGNS L L C  
3802 EHRLICH RD. SUITE 307  
TAMPA, FL 33624

SUBJECT: JMS DESIGNS L L C  
Ref. Number: L06000021811

We have received your document for JMS DESIGNS L L C and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please note that each of the two forms you sent has a \$25.00 filing fee. Also, each form is missing the signature of a member or authorized representative of a member. Please sign the two forms and send them to us with a copy of this letter and the remaining \$25 due.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 506A0002273

FILED  
06 APR 18 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: JMS DESIGNS, LLC.

2. The mailing address of the limited liability company is: 3802 ENRLICH RD  
SUITE 307, TAMPA, FL 33624

2/28/2006  
3. Date of filing/registration in Florida

120600021811  
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:

DANIEL T. ABU-JAOUDE  
Name

3802 ENRLICH RD /SUITE 307  
Address

TAMPA, FL 33624  
City, State and Zip

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

JOHN KASSIS  
Name

3802 ENRLICH RD /SUITE 307  
Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33624  
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.

[Signature]  
(Signature of a member or authorized representative of a member)

JOHN KASSIS  
(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 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]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
06 APR 2006 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA