

LD00000269 78

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

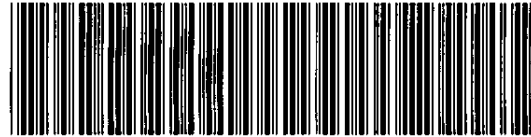
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

4067

Office Use Only



100182610151

07/02/10--01026--006 \*\*695.00

FILED  
10 JUL -2 PM 2:29  
CLERK OF COURT  
CLERK OF COURT

S. HAWKES

JUL 6 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLA ROMA BUILDERS, 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:

KRISHNA W. LAWRENCE

Name of Person

BELLA ROMA BUILDERS, LLC

Firm/Company

3389 SHERIDAN STREET, #558

Address

HOLLYWOOD, FLORIDA 33021

City/State and Zip Code

ASMITH@FIVEPOINTSCORP.COM

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

For further information concerning this matter, please call:

KRISHNA W. LAWRENCE

Name of Person

at ( 954 )

625-2929

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

**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. Name of the limited liability company: BELLA ROMA BUILDERS, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

☐ (Note: **MUST BE STREET ADDRESS**)

3389 SHERIDAN STREET, #558  
HOLLYWOOD, FLORIDA 33021

(b) Mailing address of limited liability company: \_\_\_\_\_

☐ (Note: **MAY BE POST OFFICE BOX**)

3389 SHERIDAN STREET, #558  
HOLLYWOOD, FLORIDA 33021

3/14/2006  
3. Date of filing/registration in Florida

L06000026978  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: AUDREY SMITH, ESQ.

Registered Office Address: 5440 S. STATE RD 7  
HOLLYWOOD, FLORIDA 33314

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

**NEW Registered Agent:** KRISHNA W. LAWRENCE

**NEW Registered Office Address:** 5440 S. STATE RD 7  
**(MUST BE FLORIDA STREET ADDRESS)** HOLLYWOOD, FLORIDA 33314  
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.

KRISHNA W. LAWRENCE  
Signature of a member or authorized representative of a member

KRISHNA W. LAWRENCE

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.*

KRISHNA W. LAWRENCE  
Signature of Registered Agent

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

**FILING FEE: \$25.00**