

LD6000067105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number) *

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TALLAHASSEE, FLORIDA

FEB 20 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

KATHLEEN NANI
9224 CYPRESS COVE
WEEKI WACHEE, FL 34613

SUBJECT: GIONANI INTERIORS, LLC
Ref. Number: L06000067105

We have received your document for GIONANI INTERIORS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A0000337

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gionani Interiors 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:

Kathleen Nani
Name of Person

Gionani Interiors
Firm/Company

9224 Cypress Cove
Address

Weeki Wacker FL 34613
City/State and Zip Code

gionaniinteriors@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Nani at (352) 428-1419
Name of Person 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

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TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Gionani Interiors, LLC

2. (a) Principal office address of limited liability company: 9224 Cypress Cove
(Note: **MUST BE STREET ADDRESS**) Weeki Wachee, FL 34613

(b) Mailing address of limited liability company: 9224 Cypress Cove
(Note: **MAY BE POST OFFICE BOX**) Weeki Wachee, FL 34613

7/05/06
3. Date of filing/registration in Florida

L06000067105
4. Document number

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

Registered Agent:

Agents and Corporations Inc

Registered Office Address:

PO Box 511

Wilmington, DE 19899-0511

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

NEW Registered Agent:

Kathleen Nani

NEW Registered Office Address:

9224 Cypress Cove

(**MUST BE FLORIDA STREET ADDRESS**)

Weeki Wachee, FL 34613

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.

Kathleen Nani
Signature of a member or authorized representative of a member

Kathleen Nani
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.

Kathleen Nani
Signature of Registered Agent

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

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STATE OF FLORIDA