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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JAN 21 PM 2:16

T. HAMPTON  
JAN 22 2010  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Makeup and Creative Arts, 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:

Andy Wright  
Name of Person

Makeup and Creative Arts, LLC  
Firm/Company

15203 Starleigh Rd.  
Address

Winter Garden FL 34787  
City/State and Zip Code

awsprider0405@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Wright at ( 407 ) 460-7628  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 JAN 21 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 8, 2010

ANDY WRIGHT  
15203 STARLEIGH RD  
WINTER GARDEN, FL 34787

SUBJECT: MAKEUP AND CREATIVE ARTS LLC  
Ref. Number: L06000106266

We have received your document for MAKEUP AND CREATIVE ARTS 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 710A00000647

**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: Makeup and Creative Arts, LLC

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

☒ (Note: **MUST BE STREET ADDRESS**)

15203 Starleigh Rd  
Winter Garden, FL  
34787

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

15203 Starleigh Rd  
Winter Garden FL  
34787

1-19-10  
3. Date of filing/registration in Florida

4. Document number

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

CC Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hay Street  
Tallahassee FL 32301

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

**NEW Registered Agent:**

Andy Wright

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

15203 Starleigh Rd  
Winter Garden, FL 34787

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.

Andy Wright  
Signature of a member or authorized representative of a member

Andy Wright  
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.

Andy Wright  
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED  
JAN 21 PM 2:16  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS