

L070000032884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

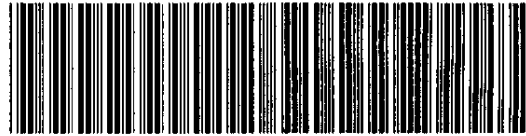
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 30 AM 9:52

T. HAMPTON

OCT - 1 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yospin, 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:

Paul M. Louis  
Name of Person

Yospin LLC  
Firm/Company

7429 London Lane  
Address

Boca Raton, FL 33433  
City/State and Zip Code

to: Paul C yospin.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Louis at ( 561 ) 445 6674  
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

check sent previously for \$35  
Please send \$19  
Return



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 SEP 30 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 8, 2010

PAUL LOUIS  
7429 LONDON LN  
BOCA RATON, FL 33433

SUBJECT: YOSPIN, LLC  
Ref. Number: L07000032884

We have received your document for YOSPIN, 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 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

Letter Number: 910A00021427

**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: Yospin, LLC

2. (a) Principal office address of limited liability company: 7429 London Lane  
☐ Boca Raton, FL 33433  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 7429 LONDON LANE  
☐ Boca Raton, FL 33433  
(Note: **MAY BE POST OFFICE BOX**)  
08/05/2008 L 07 0000 32884

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:

Registered Agent:

Corporation Svc Company

Registered Office Address:

1201 Hays St  
Tallahassee, FL 32301

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

**NEW** Registered Agent:

Paul Louis

**NEW** Registered Office Address:

7429 London Lane

**(MUST BE FLORIDA STREET ADDRESS)**

Boca Raton, FL 33433

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 of a member or authorized representative of a member

Paul M. Louis

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. 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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
SEP 30 AM 9:52