

LD7000054187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L. SELLERS

APR - 8 2008

EXAMINER

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04/07/08--01027--029 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR - 7 PM 12:18

FILED

March 31, 2008

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

RE: Aellum, LLC (Doc # L07000054187)

Dear Sir or Madam,

Attached please find my application for the address change for my company. Also, I have recently changed my last name back to my maiden name due to divorce. I am attaching a copy of the final divorce decree indicating this change. If you need a certified copy please advise.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ruby Ramirez', with a stylized flourish at the end.

Ruby Ramirez

Enclosures: Application for Registered Agent Change
 Copy of Final Divorce Decree
 Filing Fee \$55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AELUM, 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:

RUBY RAMIREZ
(Name of Person)

AELUM, LLC.
(Firm/Company)

50 BISCAYNE BLVD # 3111
(Address)

MIAMI, FL. 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBY RAMIREZ at (305) 281 9561
(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

**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: AELLUM, LLC

2. The mailing address of the limited liability company is : 50 BISCAYNE BLVD. APT. # 3111

MIAMI, FL. 33132

5/21/2007

L07000064187

3. Date of filing/registration in Florida

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:

RUBY M. GROOBMAN

Name

1550 BRICKELL AVE #508A

Address

MIAMI, FL. 33129

City, State and Zip

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

RUBY M. RAMIREZ

Name

50 BISCAYNE BLVD. # 3111

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

33132

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)

RUBY RAMIREZ

(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.

[Signature]
(Signature of Registered Agent)

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

FILING FEE: \$25.00

FILED
APR - 7 PM 12:18
TALLAHASSEE, FLORIDA
CLERK OF STATE