## L07000 078 235

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. GOLDEN AUG 2 6 2019

## **COVER LETTER**

Division of Corporations		
SUBJECT: Couture Decorations, 1/2 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:		
Giselle Niebles Name of Person		
Coutone Decolations, LIL Firm/Company		
5285 NW 161 Street Address		
Miami Gardens, Fl 33014 City/State and Zip Code		
Sches D Couture Decorations. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
GISCLE Diebles at 305 S17-4343  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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:



August 9, 2019

GISELLE NIEBLES 5285 NW 161 STREET MIAMI GARDENS, FL 33014

SUBJECT: COUTURE DECORATIONS, LLC

Ref. Number: L07000078235

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Letter Number: 019A00016440

Claretha Golden Regulatory Specialist II

RECEIVED

MINUESS ANTICUE

TENT

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

Florida.	5
1. Name of the limited liability company: Louture Decorat	ions llc
2. (a) Couture Decorations (b) Cou	tune Decorations
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	failing address of limited hability company:
	(Note: MAY BE POST OFFICE BOX)
5285 Nw 161 Street 5289	5 NW 161 GREET
Miami Gardens, Fl 33014 Miam	in Gardens, fl 33014
7/31/2007 6071	000078235
3. Date of filing/registration in Florida 4.	Document number
5 a Coiselle Niehlec	
5. (a) CISCIE With Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	•
Couture Decalations	26
Registered Office Address (MUST RE FLORIDA STREET ADDRESS)	119
5285 Nw 61 Street	
Hialeah FL 33014	Œ'¹! 2019 AUS 23
(b) Jaime Mualim	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	<del>‡</del> -
Couture Décorations	
NEW Registered Office Address:	
5285 NW 161 Street	
Migmi Gardens FL 33014	
If the limited liability company is not organized under the laws of the State of Flo	rida, 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 was/were authorized by an affirmative pote of the members of the limited liability	
the articles of organization of the operating agreement of the limited liability, com	pany.
1011/10 1/40/1/2 Gicalle	Nichles
Senature of a member or authorized representative of a member	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 affligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to indirely reflect a charge in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this charge.

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

Signature of Registered Agent