

#L07000094498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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K. SALY
EXAMINER
AUG 16 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2012

TINA'S TERRIFIC PARTIE'S LLC
FLORENTINE FRAGOSO
102 KNIGHTS HOLLOW DR.
APOPKA, FL 32712

SUBJECT: TINA'S TERRIFIC PARTIE'S LLC
Ref. Number: L07000094498

We have received your document for TINA'S TERRIFIC PARTIE'S LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document did not arrive with the cover letter. Enclosed is a Change of Registered Agent / Registered Office form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 312A00019965

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TINA'S TERRIFIC PARTIES
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:

Florentine FRAGOSO
Name of Person

TINA'S TERRIFIC PARTIES
Firm/Company

102 KNIGHTSBOLLOW DR
Address

Apopka FL 32712
City/State and Zip Code

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

For further information concerning this matter, please call:

Florentine FRAGOSO at (407) 814-4485
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. Name of the limited liability company: TINA'S Terrific Parties

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

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

8-30-2007
3. Date of filing/registration in Florida

LD 70000 94498
4. Document number

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

Registered Agent:

FLORENTINE FRAGOSO

Registered Office Address:

1032 SW Madison Ave
PS 134953

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

NEW Registered Agent:

FLORENTINE FRAGOSO

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1630 Sorlando Ave
Maitland FL 32751

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.

Florentine Frago
Signature of a member or authorized representative of a member

Florentine Frago
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.

Florentine Frago
Signature of Registered Agent

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