

LO8 000019005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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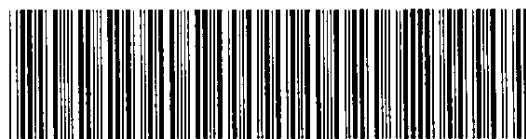
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DIVISION OF CORPORATIONS
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T. HAMPTON

NOV 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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:

Name of Person

Dulce Garcia

Firm/Company

BEAUTY and Wellness Studio LLC.

Address

P.O. Box 22512

City/State and Zip Code

Ft. Lauderdale, FL. 33335

Home address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Dulce Garcia

Name of Person

at (954) 297-1563

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

09 NOV 13 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 26, 2009

DULCE GARCIA
P O BOX 22512
FT LAUDERDALE, FL 33335

SUBJECT: BEAUTY AND WELLNESS STUDIO L.L.C.
Ref. Number: L08000019005

We have received your document for BEAUTY AND WELLNESS STUDIO L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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: 409A00033978

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: BEAUTY AND Wellness Studio LLC.

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



(Note: MUST BE STREET ADDRESS)

2500 EAST COMMERCIAL BLVD. Suite: B
Ft. Lauderdale, FL. 33308

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

P.O. Box 22512
Ft. Lauderdale, FL. 33335

3. Date of filing/registration in Florida Feb. 21, 2008 4. Document number L08000019005

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

Registered Agent:

Dulce Garcia

Registered Office Address:

2665 EAST COMMERCIAL BLVD.
Ft. Lauderdale, FL. 33308

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2500 EAST COMMERCIAL BLVD. Suite: B
Ft. Lauderdale, FL. 33308

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.

Dulce Garcia
Signature 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 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.

Dulce Garcia
Signature of Registered Agent

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

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS
FEB 21 2008
AM 8:58