

L08000029569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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**A. LUNT**

MAR - 3 2010

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR - 2 PM 1:39

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2010

BRUCE R. INSANA, ESQ  
2451 MCMULLEN BOOTH ROAD  
SUITE 202  
CLEARWATER, FL 33759

SUBJECT: SAN MICHAEL COSMETICS LLC  
Ref. Number: L08000029569

We have received your document for SAN MICHAEL COSMETICS 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 registered agent must sign accepting the designation.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 610A00002232

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAN MICHAEL COSMETICS, 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:

Bruce R. Insana, Esquire

Name of Person

Bruce R. Insana, P.A.

Firm/Company

2451 McMullen Booth Road, Suite 202

Address

Clearwater, FL 33759

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce R. Insana

Name of Person

at ( 727 )

799-3202

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: San Michael Cosmetics, LLC

2. (a) Principal office address of limited liability company: 15950 Bay Vista Drive. #390

☒ (Note: **MUST BE STREET ADDRESS**) Clearwater, FL 33760

(b) Mailing address of limited liability company: 15950 Bay Vista Drive, #390

☒ (Note: **MAY BE POST OFFICE BOX**) Clearwater, FL 33760

3/24/2008 L08000029569  
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: Magued Mikhail

Registered Office Address: 591 Belted Kingfisher Drive N  
Palm Harbor, FL 37683

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

**NEW** Registered Agent: Waguhi El Masry

**NEW** Registered Office Address: 15950 Bay Vista Drive, #390  
**(MUST BE FLORIDA STREET ADDRESS)** Clearwater, FL 33760  
.FL

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.

X [Signature]  
Signature of a member or authorized representative of a member

Waguhi El Masry  
Printed or typed name of signer

*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

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2010 MAR -2 PM 1:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE