L08000037412

k		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Emity Name)		
(Document Number)		
(Essamont (anably		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000139056900

12/19/08--01014--007 **25.00

2009 JAN -7 PH 2: 36

SCORE TABLY OF STATE
THE LANGESTEE FROME

C. LEWIS 1-8-09 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CARMEN A. (Name of Li	MAYUM ZFATU, LL (imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
CARMEN ANNUM (Name of Person)	ZIATO
CARMEN ANNUNCTA (Firm/Company)	70,LLC
22546 SW 54 (Address)	WAY
BOCA RATOW, FL (City/State and Zip Code)	33433
For further information concerning this matter, p	blease call:
(Name of Person)	(S61) 482-7034 (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:	
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



December 22, 2008

CARMEN ANNUNZIATO 22546 SW 54 WAY BOCA RATON, FL 33433

SUBJECT: CARMEN ANNUNZIATO, LLC

Ref. Number: L08000037412

We have received your document for CARMEN ANNUNZIATO, 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 must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 308A00061248

Carolyn Lewis
Regulatory Specialist II
Registration Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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: CARMEN ANNUNZFAT 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) 080000 374/2 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: CORPORATION SERVICE CON Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: CAR MEN ANNUN ZIATO **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 THE THE 2:3