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TALLAHASSEE, FLORIDA

JUL 5 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Imagine Lifestyles, 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:

Jared Jukel

Name of Person

Imagine Lifestyles

Firm/Company

1602 Alton Road, #420

Address

Miami Beach, FL 33139

City/State and Zip Code

jared@imaginelifestyles.com

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

For further information concerning this matter, please call:

Jared Jukel

Name of Person

at (305) 4323205

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

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CLERK OF COURT
TALLAHASSEE, FLORIDA

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.

- .FI

Jared Jukel, Member

Printed or typed name of signee

Signature of Registered Agent

INHS18 (05/08)