

L08000077948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 3

Special Instructions to Filing Officer:

A. LUNT

JAN 15 2010

EXAMINER

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12/10/03--01003--003 **25.00

2010 JAN 14 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2009

DANIEL RYAN
11755 BELLA MILANO COURT
WINDERMERE, FL 34786

SUBJECT: DOLCE CONFECTIONS LLC
Ref. Number: L08000077948

We have received your document for DOLCE CONFECTIONS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 409A00037998

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dolce Confections 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:

Daniel Ryan

Name of Person

Firm/Company

11755 Bella Milano Court

Address

Windermere, FL 34786

City/State and Zip Code

windermerechef@aol.com

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

For further information concerning this matter, please call:

Daniel Ryan

Name of Person

at (321) 388-2026

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: Dolce Confections LLC

2. (a) Principal office address of limited liability company: 11755 Bella Milano Court



(Note: MUST BE STREET ADDRESS)

Windermere, FL 34786

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

11755 Bella Milano Court
Windermere, FL 34786

8/13/08

3. Date of filing/registration in Florida

L08000077948

4. Document number

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

Registered Agent:

Leonardo Campins

Registered Office Address:

6048 Stevenson Drive
302
Orlando, FL 32835

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

NEW Registered Agent:

Daniel Ryan

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11755 Bella Milano Court

Windermere, FL 34786

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.

Daniel Ryan

Signature of a member or authorized representative of a member

Daniel Ryan

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.

Daniel Ryan

Signature of Registered Agent

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

FILING FEE: \$25.00