

L08000082980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

Nov. 18. 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Garden Gate Boutique 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:

Karlheinz Haas
Name of Person

Garden Gate Boutique LLC
Firm/Company

3421 SE Kubin Ave
Address

Stuart, FL 34997
City/State and Zip Code

kh76356@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karlheinz Haas at (908) 868-5133
Name of Person 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

November 3, 2009

KARLHEINZ HAAS
GARDEN GATE BOUTIQUE LLC
3421 SE KUBIN AVE.
STUART, FL 34997

SUBJECT: GARDEN GATE BOUTIQUE LLC
Ref. Number: L08000082980

We have received your document for GARDEN GATE BOUTIQUE 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00034722

RECEIVED
2009 NOV 17 AM 8:00
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: Garden Gate Boutique LLC

2. (a) Principal office address of limited liability company: 3421 SE Kubin Ave

(Note: **MUST BE STREET ADDRESS**) Stuart, FL 34997

(b) Mailing address of limited liability company: 3421 SE Kubin Ave

(Note: **MAY BE POST OFFICE BOX**) Stuart, FL 34997

04/16/2009
3. Date of filing/registration in Florida

L08000082980
4. Document number

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

Registered Agent:

Registered Office Address:

connected 11/16 KH
~~LegalZoom United States Corp Agents~~
~~13302 Winding Oaks Blvd~~
~~7000 Hollywood Blvd, Suite 180 Suite A-100~~
~~Hollywood, GA 98028 8902~~
~~Tampa, FL 33622~~

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

NEW Registered Agent: Karlheinz Haas

NEW Registered Office Address: 3421 SE Kubin Ave

(MUST BE FLORIDA STREET ADDRESS) Stuart, FL 34997

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.

Cynthia Haas
Signature of a member or authorized representative of a member

Cynthia Haas

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.

Karlheinz Haas
Signature of Registered Agent

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

FILED
NOV 17 11 17 AM '09
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED
NOV 17 11 17 AM '09
SECRETARY OF STATE
TALLAHASSEE, FL 32399