L08000097930

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SECRETARY OF STATE
TALL AHASSEF FLORID

2009 MAY 19 AM 11:

C. LEWIS

YMBY 20, 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INTERIORS \$ MILLWO	ORK LLC. 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	g this matter to the following:
TOMAS CINTAO (Name of Person)	· .
TOMAS CINTAO (Final Company) 1320 NW 24 (Address)	45t 4pt 1002
MIAMI FL 33/4/2 (City/State and Zip Code)	
For further information concerning this mat	ter, please call:
TOMAS CINTAO (Name of Person)	at (786)399_156Z (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 followi	ng amount:
25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



April 8, 2009

TOMAS CINTAO 1320 NW 24 ST APT 1002 MIAMI, FL 33142

SUBJECT: INTERIORS & MILLWORK, LLC

Ref. Number: L08000097930

We have received your document for INTERIORS & MILLWORK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 509A00011813

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

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: INTERIORS	S&MILLWORKLLC. , ,
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1320 NW 245T Apt #1002
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1320 NW245t Apt #1002
10-17-08 3. Date of filing/registration in Florida	L08000097930
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:	Zelideth Irizarry
Registered Office Address:	66865W 103 CT.
	MIAMI FL 33/1/3
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:
NEW Registered Agent:	TOMAS CINTAO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1320 NW 245T Apt #100Z Miami
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	laws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Signature of amember or authorized representative of a member)	
TOMAS CINTÃO	_
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the produce of an interest with and accept the obligations of my position first. Or, if this document is being filed to merely reflect a confirm that the thirted liability company has been notified (Signature of Registered Agent)	
Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314 SSR 75 TR
INHS18 (05/08)	Effs A

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2009 MAY 19 AM 11: 18

STATEMENT OF OWNERSHIP SECRETARY OF STATE TALLAHASSEE. FLORIDA

This certifies that I, <u>TOMOS (IN)AO</u> am a member or (APPLICANT'S NAME)
managing member of <u>TNFRIORS</u> <u>QMI/WORK</u> <u>LL.C.</u> (LIMITED LIABILITY COMPANY NAME)
I own 100 % of the units issued by the Limited Liability Company (LLC) listed above.

Affidavit of Applicant: I certify that the information contained herein is true and correct to the best of my knowledge.

(APPLICANT'S SIGNATURE)