

# L 08000105828

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

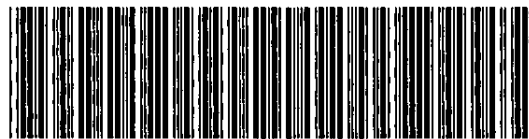
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 28 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Island Interiors Design 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:

A. Claudia Herrera  
Name of Person

Island Interiors Design LLC  
Firm/Company

270 Cypress Drive  
Address

Key Biscayne FL 33149  
City/State and Zip Code

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

For further information concerning this matter, please call:

AC Claudia Herrera at (305) 439-9825  
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

**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: Island Interiors Design LLC

2. (a) Principal office address of limited liability company: 270 Cypress Drive  
Key Biscayne FL  
33149

**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

3. Date of filing/registration in Florida \_\_\_\_\_

# 208000105828  
263718010

4. Document number

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TALLAHASSEE, FLORIDA  
STATE

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

Registered Agent: Business Filings Inc.

Registered Office Address: 515 E. Park Avenue  
Tallahassee FL 32301

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

**NEW Registered Agent:** A. Claudia Herrera

**NEW Registered Office Address:** 270 Cypress Drive  
Key Biscayne FL 33149  
**(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]  
Signature of a member or authorized representative of a member

A. CLAUDIA HERRERA  
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, FS. 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]  
Signature of Registered Agent

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