

L090000/6646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

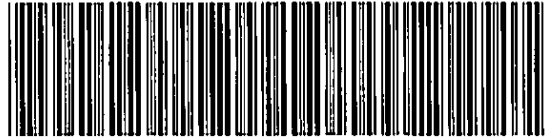
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2018

JONATHAN SHARVIT  
19589 NE 10TH AVE  
MIAMI, FL 33179

SUBJECT: STONE ROSE, LLC  
Ref. Number: L09000016646

We have received your document for STONE ROSE, 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 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00012394

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stone Rose 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:

Jonathan Sharvit  
Name of Person

Stone Rose Llc  
Firm/Company

19589 NE 10<sup>th</sup> Av  
Address

Miami FL 33179  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Torjman at ( 305 ) 393-8468  
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 605.0114 or 605.0116, 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: Stone Rose Llc

2. (a) 19589 NE 10th Ave (b) 19589 NE 10th Ave

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Miami FL 33179

Miami FL 33179

3. 12/24/2009  
Date of filing/registration in Florida

4. L09000016646  
Document number

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

19589 NE 10th Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33179

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

Same  
NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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JUN 28 PM 12:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

Jonathan Torjman  
Signature of a member or authorized representative of a member

Jonathan Torjman  
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 605, 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.

[Signature]  
Signature of Registered Agent