

L09000025754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

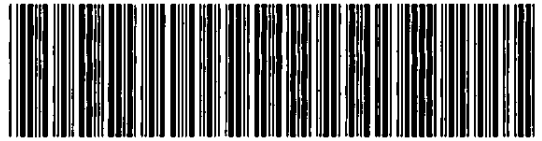
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRYAN

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J. BRYAN

DEC -4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Art For Less, 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:

Lilly Perez

Name of Person

Quality Art For Less, LLC

Firm/Company

7975 NW 154 Street, Suite 400

Address

Miami Lakes, Florida 33016

City/State and Zip Code

lilly@portfolioartfactory.com

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

For further information concerning this matter, please call:

Lilly Perez

Name of Person

at (305)

558-2600 x 306

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
09 DEC -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

LILLY PEREZ
QUALITY ART FOR LESS, LLC
7975 NW 154 STREET, SUITE 400
MIAMI LAKES, FL 33016

SUBJECT: QUALITY ART FOR LESS, L.L.C.
Ref. Number: L09000025754

FILED
09 DEC -3 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for QUALITY ART FOR LESS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 209A00035747

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: Quality Art For Less, LLC

2. (a) Principal office address of limited liability company: 7975 NW 154 Street, Suite 400

☐ (Note: **MUST BE STREET ADDRESS**) Miami Lakes, Florida 33016

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

03/17/2009
3. Date of filing/registration in Florida

L09000025754
4. Document number

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

Registered Agent: Mijares, Anthony Jr.

Registered Office Address: 7975 NW 154 Street, Suite 400
Miami Lakes, Florida 33016

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

NEW Registered Agent: Briele, Robert T.

NEW Registered Office Address: 7975 NW 154 Street, Suite 400
(MUST BE FLORIDA STREET ADDRESS) Miami Lakes, FL 33016

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.

Laurie D. Mijares
Signature of a member or authorized representative of a member

Laurie D. Mijares

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.

Robert T. Briele
Signature of Registered Agent

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

FILING FEE: \$25.00