

09000028753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

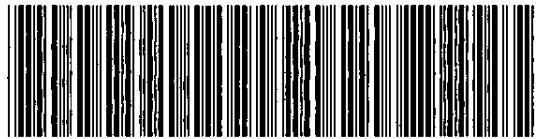
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
FEB 12 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2010

LEILA CHANG RIPICH
848 BRICKELL KEY DRIVE, #4404
MIAMI, FL 33131

SUBJECT: LUUX.ME LLC
Ref. Number: L09000028753

We have received your document for LUUX.ME 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):

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 110A00001816

2010 FEB 11 PM 4:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANG
LEILA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUUX.ME, 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:

Leila Chang Ripich
Name of Person

Idea Lifestyle Concierge
Firm/Company

818 Brickell Key Drive, #4404
Address

miami, FL 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

melissa Viera at (305) 371-0077
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: LUUX.ME, LLC

2. (a) Principal office address of limited liability company:

☒ (Note: **MUST BE STREET ADDRESS**)

1508 Bay Road, Apt N07
miami Beach, FL 33139

(b) Mailing address of limited liability company:

☒ (Note: **MAY BE POST OFFICE BOX**)

1508 Bay Road, Apt N07
miami Beach, FL 33139

3/24/09
3. Date of filing/registration in Florida

L09000028753
4. Document number

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

Registered Agent:

Carsten S. Minkelson

Registered Office Address:

1508 Bay Road
Apt # N07
miami Beach, FL 33139

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

NEW Registered Agent:

Leila Chang Ripich

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

848 Brickell Key Drive
Apt: 4404
miami, FL 33131

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

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.

[Signature]
Signature of Registered Agent

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