

109000029357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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18 SEP 25 PM 1:59
TALLAHASSEE, FLORIDA

S. PRATHE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2018

CARMELLE N. BOISETTE
HAITI SHIPPING CARGO SERVICES, LLC
5439 NW 72ND AVE
MIAMI, FL 33166

SUBJECT: HAITI SHIPPING CARGO SERVICES, LLC
Ref. Number: L09000029357

We have received your document for HAITI SHIPPING CARGO SERVICES, 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 business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 818A00018621

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2018 SEP 25 PM 11:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAITI SHIPPING CARGO SERVICES, 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:

CARMELLE N BOISSETTE
Name of Person

HAITI SHIPPING CARGO SERVICES, LLC
Firm/Company

5439 NW 72ND AVE
Address

MIAMI, FL 33166
City/State and Zip Code

HSC.CARMELLE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAME AS ABOVE at (305) 757-5977
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: HAITI SHIPPING CARGO SERVICES, LLC
2. (a) HAITI SHIPPING CARGO SERVICES, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5439 NW 72ND AVE
MIAMI, FL 33166
- (b) HAITI SHIPPING CARGO SERVICES, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5439 NW 72ND AVE
MIAMI, FL 33166
3. MARCH 25, 2009
Date of filing/registration in Florida
4. L09000029357
Document number
5. (a) CARMELLE N BOISSETTE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
HAITI SHIPPING CARGO SERVICES, LLC
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
5439 NW 72ND AVE
MIAMI, FL 33166
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
VALERIE EVEILLARD
NEW Registered Office Address:
5439 NW 72ND AVE
MIAMI, FL 33166

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TALLAHASSEE FLORIDA

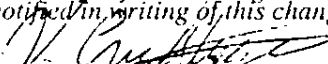
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

CARMELLE N BOISSETTE

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 of Registered Agent