L09000033204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 FEB -8 PM 4:39

FEB 11 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIANA Schwarz 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:

MARIANA Schwarz
Name of Person

MARIANA Schwarz LLC
Firm/Company

3564 Magellan Circle #218
Address

Aventura, FL 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

Mariana Schwarz at (786) 281.5383
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 FEB -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 15, 2013

MARIANA SCHWARZ
3564 MAGELLAN CIR
STE 218
AVENTURA, FL 33180

SUBJECT: MARIANA SCHWARZ LLC
Ref. Number: L09000033204

We have received your document for MARIANA SCHWARZ LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00001176

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: MAriAnA Schwarz LLC.

2. (a) Principal office address of limited liability company: 3564 Magellan Circle 218 Aventura, FL 33180
(*Note: MUST BE STREET ADDRESS*)

(b) Mailing address of limited liability company: 3564 Magellan Circle 218 Aventura, FL 33180
(*Note: MAY BE POST OFFICE BOX*)

04/01/2009
3. Date of filing/registration in Florida

L09000033204
4. Document number

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

Registered Agent: MAriana Schwarz

Registered Office Address: 21190 Mainsail Circle A-16 Aventura, FL 33180

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

NEW Registered Agent: MAriANA Schwarz

NEW Registered Office Address: 3564 Magellan Circle 218 Aventura, FL 33180
(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.

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2009 APR -8 PM 4:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Signature of a member or authorized representative of a member

MAriana Schwarz
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 of Registered Agent

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

INHS18 (05/08)