

# L09000037456

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

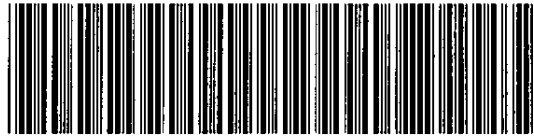
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600159684196

08/24/09--01051--005 \*\*25.00

2009 AUG 24 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

AUG 25 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOUXURY, 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

Ideal Lifestyle Concierge  
Firm/Company

848 Brickell Key Drive, #4404  
Address

miami, FL 33131  
City/State and Zip Code

leila@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

**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: LUUXURY, LLC

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



(Note: MUST BE STREET ADDRESS)

2450 Flamingo Place, Unit D  
miami Beach, 33140

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: MAY BE POST OFFICE BOX)

2450 Flamingo Place, Unit D  
miami Beach, 33140

4/17/09  
3. Date of filing/registration in Florida

LO9000037456  
4. Document number

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

Registered Agent:

Maricely Guseman

Registered Office Address:

2450 Flamingo Place,  
Unit D  
miami Beach, FL 33140

(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 Bickell 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.

Maricely Guseman  
Signature of a member or authorized representative of a member

Maricely Guseman

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

FILED  
AUG 24 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA