

209000044490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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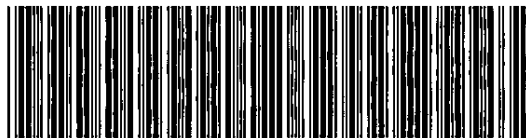
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 16 2016



COPY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2016

LOUCO, LLC
IRENE REIMANIS-AZIZ
3620 OAKVIEW CT.
DELRAY BEACH, FL 33445

SUBJECT: LOUCO, LLC
Ref. Number: L09000044490

RECEIVED
2016 NOV 14 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LOUCO, 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 the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00021601

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Louco, 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:

Irene Reimanis-Aziz

Name of Person

Louco, LLC

Firm/Company

3620 Oakview Court

Address

Delray Beach, FL 33445

City/State and Zip Code

moomyirene@gmail.com

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

For further information concerning this matter, please call:

Irene Reimanis-Aziz at (905) 537-6411
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

INHS18 (2/14)

\$35.00 previously submitted

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.

2. (a) 3620 Oakview Court, Delray Beach, FL 33445
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

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

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

(b) Irene Reimanis-Aziz
Enter name of NEW Registered Agent and/or NEW Registered Office address:

FILED
2016 NOV 14 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of a member or authorized representative of a member

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

INHS18 (2/14)