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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 22 PM 12:16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISABEL BIANCHI, 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:

ISABEL BIANCHI

Name of Person

ISABEL BIANCHI, LLC

Firm/Company

2204 QUAIL ROOST DR

Address

WESTON, FLORIDA 33327

City/State and Zip Code

IBIANCHI22@YAHOO.COM

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

For further information concerning this matter, please call:

ISABEL BIANCHI

Name of Person

at ( 954 )

793-2848

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: ISABEL BIANCHI, LLC

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

☒ (Note: MUST BE STREET ADDRESS) 2204 QUAIL ROOST DR.  
WESTON FLORIDA 33327

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

☒ (Note: MAY BE POST OFFICE BOX) 2204 QUAIL ROOST DR.  
WESTON FLORIDA 33327

MARCH 15TH, 2010  
3. Date of filing/registration in Florida

L090000052220  
4. Document number

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

Registered Agent: SPIEGEL & UTRERA, P.A.

Registered Office Address: 1840 SW 22ND ST  
4TH FLOOR  
MIAMI FL 33145 US

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

NEW Registered Agent: ISABEL BIANCHI

NEW Registered Office Address: 2204 QUAIL ROOST DR  
(MUST BE FLORIDA STREET ADDRESS) WESTON, FL 33327

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.

Isabel Bianchi  
Signature of a member or authorized representative of a member

ISABEL BIANCHI

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.*

Isabel Bianchi  
Signature of Registered Agent

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