

209000061185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

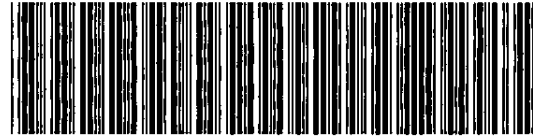
Certified Copies _____ Certificates of Status _____

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MAR 13 2014

A. LUNT

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2014 MAR 12 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

JORGE SANTOS
424 E. CENTRAL BLVD. #339
ORLANDO, FL 32801

SUBJECT: REMYSOFT SOLUTIONS LLC
Ref. Number: L09000061185

We have received your document for REMYSOFT SOLUTIONS LLC. However, the document has not been filed and is being returned for the following:

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

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 714A00001167

RECEIVED
TALLAHASSEE, FLORIDA
2014 MAR 12 PM 4:47

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2014

JORGE SANTOS
424 E. CENTRAL BLVD. #339
ORLANDO, FL 32801

SUBJECT: REMYSOFT SOLUTIONS LLC
Ref. Number: L09000061185

We have received your document for REMYSOFT SOLUTIONS 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):

The registered agent must sign accepting the designation.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 314A00004341

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REMY SOFT SOLUTIONS 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:

JORGE SANTOS
Name of Person

REMY SOFT SOLUTIONS LLC
Firm/Company

424 E CENTRAL BLVD #339
Address

Orlando FL 32801
City/State and Zip Code

JSANTOS@REMYSOFTHAIR.COM
E-mail address: (to be used for future annual report notification)

FILED
2014 MAR 12 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JORGE SANTOS at (407) 552-1143
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, 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: REMY SOFI SOLUTIONS LLC
2. (a) Principal office address of limited liability company: 424 E CENTRAL BLVD #339
ORLANDO FL 32801
(Note: **MUST BE STREET ADDRESS**)

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

SAME

3. Date of filing/registration in Florida

6/24/2009

4. Document number

LO900006148

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

Registered Agent:

JOHN ROBERTS

Registered Office Address:

424 E CENTRAL BLVD #339
ORLANDO FL 32801

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

NEW Registered Agent:

JORGE SANTOS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

424 E CENTRAL BLVD #339
ORLANDO FL 32801

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

JORGE SANTOS

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

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