

L09000069/89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

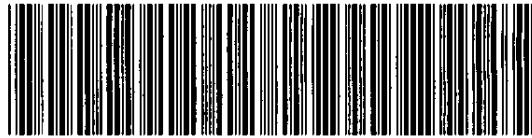
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400163634714

01/15/10--01011--006 **25.00

FILED
10 JAN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Day Dreamer E. Commerce 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:

Lilie Lagrosas
Name of Person

Day Dreamer E Commerce LLC
Firm/Company

24 Surrey Rd
Address

Debarry, FL 32713
City/State and Zip Code

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

FILED
10 JAN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lilie Lagrosas at (407) 721 6161
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

January 7, 2010

LILIE LAGROSAS
24 SURREY RD
DEBARY, FL 32713

SUBJECT: DAY DREAMER E COMMERCE LLC
Ref. Number: L09000069189

We have received your document for DAY DREAMER E COMMERCE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A0000048

FILED
10 JAN 15 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Day Dreamer E Commerce LLC

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



(Note: **MUST BE STREET ADDRESS**)

24 Surrey Dr
Debarry, FL 32713

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

24 Surrey Dr
Debarry, FL 32713

7/17/09

3. Date of filing/registration in Florida

LO9000069189

4. Document number

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

Registered Agent:

United States Corporation Agents, INC

Registered Office Address:

Karmelia Fredrick
13302 Winding Oaks Blvd Ste A-100
Tampa, FL 33612

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

NEW Registered Agent:

LILIE LAGROSAS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

24 Surrey Rd

Debarry, FL 32713

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.

Lilie Lagrosas

Signature of a member or authorized representative of a member

Lilie Lagrosas

Printed or typed name of signer

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.

Lilie Lagrosas

Signature of Registered Agent

FILED
18 JAN 15 AM 8:58
CLERK OF STATE
TALLAHASSEE, FLORIDA