

109000078399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELESIS DESIGN CONSULTANTS, 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:

LAURENT MERMET-MARECHAL

Name of Person

TELESIS DESIGN CONSULTANTS, LLC

Firm/Company

1000 Ponce de Leon Boulevard, Suite 207

Address

Coral Gables, Florida 33134

City/State and Zip Code

laurent@telesisconsultants.com

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

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09 DEC -4 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Laurent

Name of Person

at (305)

456-9628

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

November 10, 2009

LAURENT MERMET-MARECHAL
1000 PONCE DE LEON BLVD., SUITE 207
CORAL GABLES, FL 33134

SUBJECT: TELESIS DESIGN CONSULTANTS LLC
Ref. Number: L09000078399

We have received your document for TELESIS DESIGN CONSULTANTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the new information for the RA in part 5b.

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: 409A00035270

FILED
09 DEC -4 AM 11:07
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: TELESIS DESIGN CONSULTANTS, LLC

2. (a) Principal office address of limited liability company: 1000 Ponce de Leon Boulevard

☒ (Note: **MUST BE STREET ADDRESS**)

Suite 207
Coral Gables, Florida 33134

(b) Mailing address of limited liability company: 1000 Ponce de Leon Boulevard

☒ (Note: **MAY BE POST OFFICE BOX**)

Suite 207
Coral Gables, Florida 33134

08/14/2009
3. Date of filing/registration in Florida

L09000078399
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:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

FILED
Dec 04, 2009 08:00 AM
Secretary of State

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

Laurent Mermet-Marechal

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.

Signature of Registered Agent

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