

L09 0000 93521

(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



100182314481

07/01/10--01034--017 **35.00

T. CLINE

JUL 15 2010

EXAMINER

2010 JUL 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2010

KAREN BOREN
519 NE 25 STREET
WILTON MANORS, FL 33305

SUBJECT: TEXTURE LIVING, LLC
Ref. Number: L09000093521

We have received your document for TEXTURE LIVING, 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 010A00016332

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 14 AM 10:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Texture Living, 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:

KAREN BOREN
Name of Person

Texture Living, LLC
Firm/Company

SIG ME 25 Street
Address

Wilton Manors, FL 33305
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Boren at (954) 288-6313
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 - *paid*

☐ \$55 Filing Fee & Certified Copy

FILED
2010 JUL 14 AM 10:18
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: Texture Living, LLC
2. (a) Principal office address of limited liability company: 519 NE 25 ST
☒ (Note: **MUST BE STREET ADDRESS**) Wilton Manors, FL 33305
- (b) Mailing address of limited liability company: 519 NE 25 Street
☒ (Note: **MAY BE POST OFFICE BOX**) Wilton Manors, FL 33305
- 9/28/09
3. Date of filing/registration in Florida
4. Document number LO9000093521

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: the Company Corporation
- Registered Office Address: 2711 Centerville Rd.
Wilmington, DE 19808
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Karen Boren
- NEW Registered Office Address:** 519 NE 25 Street
(MUST BE FLORIDA STREET ADDRESS) Wilton Manors, FL 33305

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]
Signature of a member or authorized representative of a member

KAREN BOREN
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.

[Signature]
Signature of Registered Agent

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