

L10000000920

(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

JUN 1 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOSHOELACE 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:

Cecilio Gregorio Mayers Jr  
Name of Person

NOSHOELACE LLC  
Firm/Company

6127sw 19<sup>th</sup> street  
Address

Miramar, Florida 33023  
City/State and Zip Code

info@noshoe lace.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

cecilio g mayers Jr at (954) 548-2356  
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

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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: Nashoe lace LLC

2. (a) Principal office address of limited liability company: 6127 SW 19<sup>th</sup> St

☒ (Note: **MUST BE STREET ADDRESS**) Miramor FL, 33023

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

☐ (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

3. Date of filing/registration in Florida January 5<sup>th</sup>, 2010

4. Document number L10000000920

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

Registered Agent: Cecilio Mayers Jr

Registered Office Address: 6127 SW 19<sup>th</sup> Street  
Miramor FL, 33023

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

**NEW Registered Agent:** Allen Steigman

**NEW Registered Office Address:**  
**(MUST BE FLORIDA STREET ADDRESS)** 8969 Hidden Pine Street  
Parkland, FL 33067

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.

Cecilio Mayers Jr  
Signature of a member or authorized representative of a member

Cecilio Mayers Jr  
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.

Cecilio Mayers Jr  
Signature of Registered Agent

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