

L1 00000065964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

11/4/14

C.M.
8-12-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKET VINCE TROPICAL 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:

Mireille Town
Name of Person

Jackervince Tropical LLC
Firm/Company

770 Cloughton Island Dr, #2109
Address

Miami FL 33131
City/State and Zip Code

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

For further information concerning this matter, please call:

Mireille Town at (786) 201 6093
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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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Jackerwine Tropical LLC

2. (a) 770 Cloughen Island Dr (b) same
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Suite 2109
Miami, FL 33131

3. _____ Date of filing/registration in Florida 4. L10000065964 Document number

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

633 N. Krome Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Homes Road, FL 33030

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

770 Cloughen Island Dr
NEW Registered Office Address:

Suite 2109


Miami, FL 33131

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TALLAHASSEE, FLORIDA

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.

 PAOLA USQUELI'S
Signature of a member or authorized representative of a member 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2014

MIREILLE TOWN
770 CLAUGHTON ISLAND DRIVE, APT. 2109
MIAMI, FL 33131

SUBJECT: JACKETVINCE TROPICAL, LLC.
Ref. Number: L10000065964

We have received your document for JACKETVINCE TROPICAL, 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 incorrect form was submitted. Please submit form pursuant to section 605, LLC.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 614A00017321

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