

L100000090762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LILYAN 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:

LILIANA MANDESCU  
Name of Person

LILYAN LLC  
Firm/Company

500 N OSCEOLA AVE  
Address

CLEARWATER FL 33755  
City/State and Zip Code

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

For further information concerning this matter, please call:

LILIANA MANDESCU at ( 727 ) 953-5401  
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

# 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: LILYAN LLC
2. (a) Principal office address of limited liability company: 500 N OSCEOLA AVE SUITE 603

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

CLEARWATER FL 33755

- (b) Mailing address of limited liability company:

LILYAN LLC

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

500 N OSCEOLA AVE SUITE 603  
CLEARWATER FL 33755

08/30/2010

L10000090762

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

MAZZONI ROBERTO

Registered Office Address:

611 S FT HARRISON AVE SUITE 356  
CLEARWATER FL 33756 US

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

**NEW Registered Agent:**

DAILY, J MICHAEL

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2240 BELLEAIR RD SUITE 140

BELLAIR OAKS PROF CENTER

CLEARWATER FL 33755 US

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

LILIANA MANDESCU

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