

L10000094969

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAY -3 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAY -6 -



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2016

PERFECT DIMENSIONS GROUP LLC  
FRANCIS N HAWLEY  
1110 BRICKELL AVE, STE. 506  
MIAMI, FL 33131

SUBJECT: PERFECT DIMENSIONS GROUP LLC  
Ref. Number: L10000094969

We have received your document for PERFECT DIMENSIONS GROUP 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):

The document submitted is incomplete.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00008328

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perfect Dimensions Group 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:

Francis N. Hawley  
Name of Person

Perfect Dimensions Group LLC  
Firm/Company

1110 Brickell Avenue Suite 506  
Address

Miami, Florida 33131  
City/State and Zip Code

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

For further information concerning this matter, please call:

Francis N. Hawley at ( 786 ) 395 1414  
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 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: Perfect Dimensions Group LLC
2. (a) 40 SW 13th St. Suite 203 (b) francishawley@gmail.com  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Miami Florida 33130

3. 09/10/2010 Date of filing/registration in Florida 4. L10000094969 Document number

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

Francis N. Hawley  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
40 SW 13th St. Suite 203  
Miami, FL 33130

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

40 SW 13th St Suite 203  
**NEW Registered Office Address:**  
Miami, FL 33130

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2016 MAY -3 PM 3:04  
SECRETARY OF STATE  
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.

[Signature]  
Signature of a member or authorized representative of a member

Francis N. Hawley  
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 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]  
Signature of Registered Agent