

L10000108520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

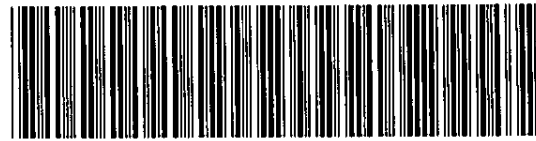
(Document Number)

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RECEIVED  
STATEMENT OF FILING  
OFFICE OF THE CLERK  
2014 OCT -9 PM 1:53  
TO: CLERK'S OFFICE  
SUFFOLK COUNTY, MA  
SUFFOLK COUNTY, MA

OCT 28 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2014

CUSTOM BRA DESIGN  
CLAUDETTE PARKER  
2333 NW 181ST TERRACE  
MIAMI GARDENS, FL 33056-3731

SUBJECT: CUSTOM BRA DESIGN, LLC  
Ref. Number: L10000108520

We have received your document for CUSTOM BRA DESIGN, 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 attached form must be completed in order to file the document.

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) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 114A00021733

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **CUSTOM BRA DESIGN**

Name of Corporation

**DOCUMENT NUMBER:** **L10000108520**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CLAUDETTE PARKER**

Name of Contact Person

**CUSTOM BRA DESIGN**

Firm/Company

**2333 NW 181ST TERRACE**

Address

**MIAMI GARDENS, FL 33056-3731**

City/State and Zip Code

**CHERRY2P@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CLAUDETTE PARKER**

Name of Contact Person

at **(305) 625-4287**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Custom BRA Design
2. (a) 2333 NW 181 Ter MIAMI FL 33056 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- \_\_\_\_\_ 2333 NW 181 Ter  
\_\_\_\_\_ MIAMI GARDENS FL 33056-3731
3. 10/18/2010 Date of filing/registration in Florida 4. L 10000108520 Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORPORATION SERVICE COMPANY  
1201 HAYS Street TALLAHASSEE 32301  
FL

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

2333 NW 181 Ter  
**NEW Registered Office Address:**  
MIAMI GARDENS FL 33056-3731

MIAMI GARDENS, FL 33056-3731

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.

Tanker

Signature of a member or authorized representative of a member

CLAUDETTE PARKER

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.

Tanker

Signature of Registered Agent