

L10000116893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

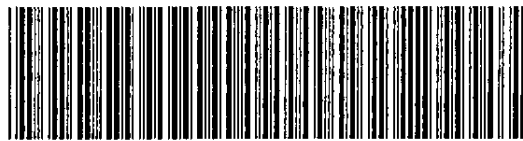
L1-116893

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 22 AM 9 41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Address - ITEMEE 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:

Raymond Bulengo

Name of Person

ITEMEE LLC

Firm/Company

304 Indian Trace #401

Address

Fort Lauderdale, Florida, 33326

City/State and Zip Code

ray@itemee.com

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

For further information concerning this matter, please call:

Raymond Bulengo

Name of Person

at (954)

954-349-4554

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2011

RAYMOND BULENGO
304 INDIAN TRACE #401
FORT LAUDERDALE, FL 33326

SUBJECT: ITEMEE LLC
Ref. Number: L10000116893

We have received your document for ITEMEE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 711A00006903

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: ITEMEE LLC

2. (a) Principal office address of limited liability company: 304 Indian Trace # 401

(Note: **MUST BE STREET ADDRESS**) Fort Lauderdale, Florida, 33326

(b) Mailing address of limited liability company: ITEMEE LLC

(Note: **MAY BE POST OFFICE BOX**) 304 Indian Trace # 401
Fort Lauderdale 33326

November 9, 2010
3. Date of filing/registration in Florida

L10000116893
4. Document number

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

Registered Agent: Raymond Bulengo

Registered Office Address: 748 Heritage Way
Weston, Florida, 33326

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

NEW Registered Agent: Not applicable

NEW Registered Office Address: 304 Indian Trace # 401
(MUST BE FLORIDA STREET ADDRESS) Fort Lauderdale, FL 33326

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.

Raymond Bulengo
Signature of a member or authorized representative of a member

Raymond Bulengo
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.

Raymond Bulengo
Signature of Registered Agent

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