

L10000123190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

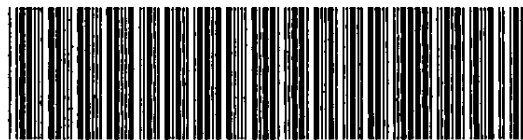
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 22 PM 3:30

MAY 23 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Good Roby, 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:

Nataliya Mazur

Name of Person

Good Roby, LLC

Firm/Company

13590 NW 5 th Court, apt.202,

Address

Pembroke Pines, FL, 33028

City/State and Zip Code

natali@goodroby.com

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

For further information concerning this matter, please call:

Nataliya Mazur

Name of Person

at (954) 6635620

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

RECEIVED
13 MAY 22 AM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 2013

NATALIYA MAZUR
13590 NW 5TH CT
APT 202
PEMBROKE PINES, FL 33028

SUBJECT: GOOD ROBY, LLC
Ref. Number: L10000123190

We have received your document for GOOD ROBY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 713A00011836

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: GOOD ROBY, LLC

2. (a) Principal office address of limited liability company: 13590 NW 5 th Court, apt.202,
Pembroke Pines, FL,
33028
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 13590 NW 5 th Court, apt.202,
Pembroke Pines, FL,
33028
(Note: MAY BE POST OFFICE BOX)

11/30/2010
3. Date of filing/registration in Florida

L10000123190
4. Document number

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

Registered Agent: Bratter Krieger LLP

Registered Office Address: 500 South Pointe Drive, Suite 230
Miami Beach, FL,
33139

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

NEW Registered Agent: Nataliya Mazur

NEW Registered Office Address: 13590 NW 5 th Court , apt.202,
(MUST BE FLORIDA STREET ADDRESS) Pembroke Pines, FL 33028

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

Oleksandr Mazur
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 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]
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 22 PM 3:30