

LI 00006131000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JAN 28 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & S CAPELLI 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:

Stephane CAPELLI

Name of Person

A & S CAPELLI LLC

Firm/Company

17150 N Bay Rd #2408

Address

Sunny Isles, Florida 33160

City/State and Zip Code

ainoura@inbox.ru

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

For further information concerning this matter, please call:

Ainura Osmonova

Name of Person

at ( 305 )

9030619

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

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**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: A & S CAPELLI

2. (a) Principal office address of limited liability company: 17086 Collins Avenue

(Note: **MUST BE STREET ADDRESS**) Sunny Isles, Florida 33160

(b) Mailing address of limited liability company: 17150 N Bay Rd # 2408

(Note: **MAY BE POST OFFICE BOX**) Sunny Isles, Florida 33160

December 23, 2010

3. Date of filing/registration in Florida

L10000131000

4. Document number

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

Registered Agent: Stephane CAPELLI

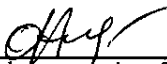
Registered Office Address: 50 SW 10th Street apt 505  
Miami, FL 33130

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

**NEW** Registered Agent: Stephane CAPELLI

**NEW** Registered Office Address: 17150 N Bay Road #2408  
(**MUST BE FLORIDA STREET ADDRESS**) Sunny Isles, FL 33160

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

Stephane CAPELLI  
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**