

L110000 56102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

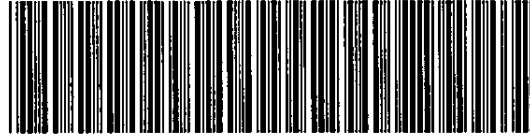
(Business Entity Name)

(Document Number)

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16 MAY -2 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 04 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Perfect Dimensions II, 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 II, 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2016

FRANCIS N HAWLEY  
1110 BRICKELL AVENUE SUITE 506  
MIAMI, FL 33131

SUBJECT: PERFECT DIMENSIONS II, LLC  
Ref. Number: L11000056102

RECEIVED  
2016 MAY - 2 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PERFECT DIMENSIONS II, 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):

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.

Part 5(b) has not been completed.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 316A00008187

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16 MAY - 2 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 II LLC  
2. (a) 40 SW 13th St. Suite 203 (b) francishowley@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. 05/12/2011 Date of filing/registration in Florida 4. L11000056102 Document number

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

40 SW 13th St. Suite 203  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Fl., 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

FILED  
16 MAY -2 AM 10:12  
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