

LI 000056505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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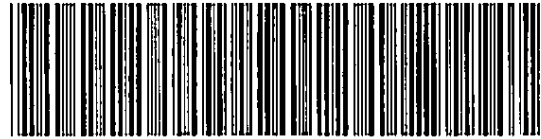
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Flijua, 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:

John L. Di Masi, Esq.  
Name of Person

Di Masi, Burton, P.A.  
Firm/Company

801 N. Orange Ave. Suite 500  
Address

Orlando, FL 32801  
City/State and Zip Code

management@orlando-law.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Di Masi at ( 407 ) 839-3383  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14) \$35.00  
paid



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2023

JOHN L. DI MASI  
DI MASI BURTON, P.A.  
801 N. ORANGE AVENUE #500  
ORLANDO, FL 32801

SUBJECT: FLIJUA, LLC  
Ref. Number: L11000056505

We have received your document for FLIJUA, 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 form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 023A00005672

**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: FLIQUA, LLC

2. (a) \_\_\_\_\_ (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)

594 5<sup>th</sup> Street, 3  
Brooklyn, NY 11215

3. 5/12/2011 4. L11000056505  
Date of filing/registration in Florida Document number

5. (a) Law Offices of John L. Di Masi  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

110 Frank J. Lacquaniti Esq.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
801 N. Orange Suite 500  
Orlando, FL 32801

(b) Di Masi Burton, P. A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
801 N. Orange Suite 500  
Orlando, FL 32801

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TALLAHASSEE, FL

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.

V-SL John L. Di Masi  
Signature of a member or authorized representative of a member 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 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.*

V-SL  
Signature of Registered Agent