

L11000082390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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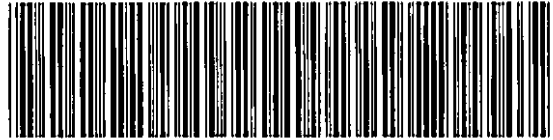
(Business Entity Name)

(Document Number)

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FILED
2018 DEC 26 P 4 34
TALLAHASSEE, FLORIDA

FILED

JAN 08 2019

T. LEWIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMINOUS Glass DISTRIBUTORS OF FLORIDA, 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:

Kristin Hayes
Name of Person

LUMINOUS Glass DISTRIBUTORS
Firm/Company

12555 BISCAYNE BLVD #912
Address

NORTH MIAMI, FL 33181
City/State and Zip Code

khayes@lqdglass.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Hayes at (305) 621-1670
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

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: LUMINOUS GLASS DISTRIBUTORS OF FLORIDA, LLC

1. Name of the limited liability company: LUMINOUS GLASS DISTRIBUTORS OF FLORIDA, LLC

2. (a) 12555 BISCAYNE BLVD #912 (b) 12555 BISCAYNE BLVD #912

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

07/18/2011

L 11000082390

4. Document number

5. (a) HUTCH GUREVITZ

12555 BISCAYNE BLVD # 912

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NORTH MIAMI, FL 33181

(b) Kristina Fluges

Enter name of NEW Registered Agent and/or NEW Registered Office address:

12555 ZISCALINE B/VD #912

NEW Registered Office Address:

North Miami, FL 33181

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.

lity company.

Kristina Hayes

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 of Registered Agent

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

FILING FEE: \$25.00