## L11000085789

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
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(Business Entity Name)						
(Document Number)						
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8/28/14 CM

## 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.

Name of the limited lia	oility company:	teure	,4 ?	BANDS	LLC	
2. (a)Principal office a	nddress of limited liabilit	y company:	_ (b) _	Mailing	address of limited lia	ability company:
	UST BE STREET ADDI			_	: MAY BE POST O	
3. Date of filir	ng/registration in Flo	orida	 4.	Docu	ment number	
	Schei	2		<del> </del>		
Registered Agent and Re	_	Sheri D		pr. or state: Street		
Registered Office Addre				Shees	$\vec{\Sigma}_{cr}$	S
202	•					4.
DANI	<b>A</b>	, FL_	3300	,4	HE SE	AUG 28
(b)	Schei	2			المالية ( ا	PH ID
Enter name of NEW Res	What Size		omce adure	<u>ss</u> .	*LORIDA	2: 52
NEW Registered Office		-				
STE	202					
<u>CigNthouse</u>	POINT	, FL_	33de	4		
If the limited liability comp	any is not organized	under the laws	s of the Sta	ate of Florida, i	it is hereby confir	med that after
the change or changes are in agent will be identical. Or,	in the case of a Flor	ida limited lial	oility comp	oany, it is herel	by confirmed that	the change(s)
was/were authorized by an a the articles/of organization of						ise provided in
A ku sh				Dea	W She	وين
Signature of a member or author	•				d or typed name of si	•
I hereby accept the appoint provisions of all statutes ret the obligations of my positions to merely reflect a change into the change in the c	ange.	agent and agre and complete p int as provided ce address, I he	e to act in performand for in Cha preby conf	this capacity. Se of my duties, Opter 605, F.S. Orm that the lin	I further agree to and I am familid Or, if this docun nited liability con	o comply with the result of th
Signature of Registered Agent		<del></del>				

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT. PEARLY SANDS LLC

Name of Corporation

DOCUMENT NUMBER, L11000085789

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

Ashraf H Boutros, CPA EA

Name of Contact Person

**Total Tax Solutions** 

Firm/Company

2100 East Sample Road, Ste 202

Address

Lighthouse Point, FL 33064

City/State and Zip Code

ahboutros@comcast.net

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

For further information concerning this matter, please call:

Ashraf H Boutros, CPA EA

,,954

946-4142

Name of Contact Person

Area Code & Daytime Telephone Numbe

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 5, 2014

ASHRAF H BOUTROS, CPA EA TOTAL TAX SOLUTIONS 2100 EAST SAMPLE ROAD, STE 202 LIGHTHOUSE POINT, FL 33064

SUBJECT: PEARLY SANDS LLC Ref. Number: L11000085789

We have received your document for PEARLY SANDS 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 incorrect form was submitted. Please submit form pursuant to section 605, LLC.

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) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 114A00016751