

L11000109192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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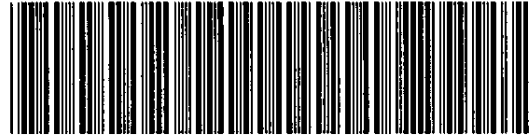
(Business Entity Name)

(Document Number)

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T. CLINE  
JUN - 1 2012  
EXAMINER

FILED  
2012 MAY 31 AM 10 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gaballi, 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:

Tisha Suzanne

Name of Person

Gaballi, LLC

Firm/Company

1750 James Avenue #5J

Address

Miami Beach, FL 33139

City/State and Zip Code

tisha@gaballi.com

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

For further information concerning this matter, please call:

Tisha Suzanne

Name of Person

at ( 786 )

365-3365

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

FILED  
2012 MAY 31 AM 10:54  
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 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: Gaballi, LLC

2. (a) Principal office address of limited liability company: 1750 James Avenue #5J

(Note: **MUST BE STREET ADDRESS**) Miami Beach, FL 33139

(b) Mailing address of limited liability company: PO BOX 1864

(Note: **MAY BE POST OFFICE BOX**) Melbourne, FL 32909

3. Date of filing/registration in Florida September 23, 2011

4. Document number L11000109192

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

Registered Agent: Tom Almond

Registered Office Address: 16547 U.S. 19  
Hudson, FL 34667

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

**NEW Registered Agent:** Marnie Howard

**NEW Registered Office Address:** 1750 James Avenue #5J  
**(MUST BE FLORIDA STREET ADDRESS)**

Miami Beach, FL 32909

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.

Tisha Suzanne  
Signature of a member or authorized representative of a member

Tisha Suzanne  
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.*

Marnie Howard  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00