

L11006118162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

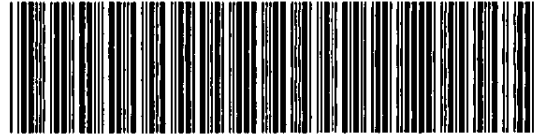
RA

Office Use Only

B. KOHR

APR - 2 2012

EXAMINER



700225133147

03/29/12--01039--015 \*\*25.00

12 MAR 29 PM 3:58  
FRED STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LA THELMA, 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:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR 29 PM 3:58

ERNESTO FERNANDEZ  
Name of Person

LA THELMA, LLC  
Firm/Company

15901 COLLINS AVE APT 703  
Address

SUNNY ISL BCH, FL 33160  
City/State and Zip Code

LAURAPAIEWONSKY@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNESTO FERNANDEZ at ( 304 ) 673-2320  
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

**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: LA THELMA, LLC

2. (a) Principal office address of limited liability company: 1-304-673-2320

**(Note: MUST BE STREET ADDRESS)**

15901 COLLINS AVE APT 703  
SUNNY ISL BCH, FL 33160

(b) Mailing address of limited liability company:

LAURA PAIEWONSKY

**(Note: MAY BE POST OFFICE BOX)**

PO BOX 02-5488 EPS I-5052  
Miami FL 33102-5488

L11000118162

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

LAURA PAIEWONSKY

Registered Office Address:

15901 COLLINS AVE APT 703  
SUNNY ISL BCH, FL 33160

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

**NEW Registered Agent:**

ERNESTO FERNANDEZ

**NEW Registered Office Address:**

15901 COLLINS AVE APT 703

**(MUST BE FLORIDA STREET ADDRESS)**

SUNNY ISL BCH, FL 33160

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.

Laura T Paiewonsky

Signature of a member or authorized representative of a member

Laura Paiewonsky

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 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.*

Ernesto Fernandez

Signature of Registered Agent

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

**FILING FEE: \$25.00**