

L11000134517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

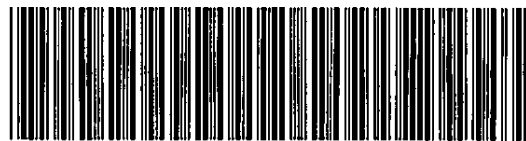
(Business Entity Name)

(Document Number)

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2017 FEB 13 P 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D BRUCE
FEB 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2017

RYCANO HOLNESS
8310 NW 20TH CT
SUNRISE, FL 33322

SUBJECT: FINISHING TOUCHES BY RYCO, LLC
Ref. Number: L11000124517

RECEIVED
2017 FEB 14 PM 3:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for FINISHING TOUCHES BY RYCO, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A0000177

FILED
2017 FEB 13 P 1:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINISHING TOUCHES BY RYCO 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:

RYCAND HOLNESS
Name of Person

FINISHING TOUCHES BY RYCO
Firm/Company

8310 NW 20th Ct
Address

Sunrise FL 33322
City/State and Zip Code

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

For further information concerning this matter, please call:

Danielle Wright at (954) 208 8424
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

2017 FEB 13 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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: FINISHING TOUCHES BY RYCO

2. (a) 9341 W Sunrise Blvd (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**)

Plantation FL 33322 _____

3. NOV 01 2004 4. L11000124517
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

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

8310 NW 20th Ct
NEW Registered Office Address:

SUNRISE, FL 33322

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.

[Signature]
Signature of a member or authorized representative of a member

RYCANO HOLNESS
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]
Signature of Registered Agent

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

FILED
2017 FEB 13 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA