

L11 000 126389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

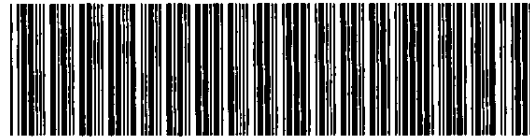
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 OCT 19 AM 8 42
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
OCT 22 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2012

CONSTANCE GESAR
455 NE 5TH AVE, D247
DELRAY BEACH, FL 33483

SUBJECT: PALM TRAIL PRESS, LLC
Ref. Number: L11000126389

We have received your document for PALM TRAIL PRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 912A00025113

2012 OCT 19 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Trail Press 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:

Constance Gesar

Name of Person

Palm Trail Press LLC

Firm/Company

455 NE 5th Ave, D247

Address

Delray Beach, FL 33483

City/State and Zip Code

cg@palmtrailpress.com

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

For further information concerning this matter, please call:

Constance Gesar

Name of Person

at (561) 523-9662

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

RECEIVED
TALLAHASSEE, FLORIDA
OCT 19 AM 10 42

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: Palm Trail Press LLC
2. (a) Principal office address of limited liability company: 455 NE 5th Ave, D247
Delray Beach, FL 33483
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: Same
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: Nov. 7, 2011
4. Document number: L11000126389
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Aguin, Balleriano Chesale
Registered Office Address: 1201 G. Bush Blvd
Delray Beach FL 33483
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Constance Cesar
NEW Registered Office Address: 455 NE 5th Ave, D247
Delray Beach, FL 33483
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Constance Cesar
Signature of a member or authorized representative of a member

Constance Cesar
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.

Constance Cesar
Signature of Registered Agent

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