

L11000134811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

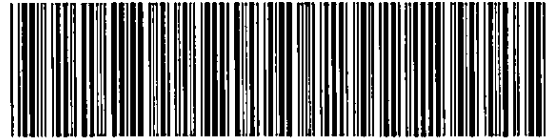
(Document Number)

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Wrong Form  
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**FILED**  
2018 OCT 22 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

NOV - 1 11  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 5, 2018

MIAMI MASSAGE THERAPY  
ATTN: ALEJANDRA PALAU  
345 OCEAN DR, #509  
MIAMI BEACH, FL 33139

SUBJECT: MIAMI MASSAGE THERAPY LLC  
Ref. Number: L11000134811

We have received your document for MIAMI MASSAGE THERAPY 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 form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

In order to prevent another rejection, upon completing the proper document, be sure that it is signed by both a member or authorized representative of a member AND by the new registered agent.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 918A00018328

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2018-09-05 PM 3:11

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Massage Therapy  
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:

Pat Molinaro  
Name of Person

Miami Massage Therapy  
Firm/Company

900 6th Street #34  
Address

Miami Beach FL 33139  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shane Molinaro at (305) 342 9719  
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 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: Miami Massage Therapy LLC

2. (a) 900 6th St #34 M.B., FL 33139 (b) SAME

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

900 6th St. #34

SAME

M.B., FL 33139

11/29/11

L 11000134811

3. Date of filing/registration in Florida

4.

Document number

5. (a) Alexandra Palau

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

900 6th Street Suite 34

MB

FL 33139

(b) Pat Molinaro

Enter name of NEW Registered Agent and/or NEW Registered Office address:

900 6th Street #34

NEW Registered Office Address:

Miami Beach

FL 33139

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TALLAHASSEE, FL

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.

Pat Molinaro

Signature of a member or authorized representative of a member

Pat Molinaro

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