

L12000034186

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONT VEYRIER, LLC

Name of Limited Liability Company

L1300046346

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:

Mia A. Thomas, CPA, CGMA

Name of Person

Mia A. Thomas

Firm/Company

1408 E. Robinson Street

Address

Orlando, FL 32801

City/State and Zip Code

mthomas@miathomascpa.com

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

For further information concerning this matter, please call:

Mia A. Thomas

at (407)

440-2825

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

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 12, 2015

MIA A THOMAS CPA CGMA
1408 E ROBINSON ST
ORLANDO, FL 32801

SUBJECT: FAFALI, LLC.
Ref. Number: L12000034186

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 615A00012383

**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: FAFALI, LLC
2. (a) 7635 ASHLEY PARK COURT, SUITE 503-D
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORLANDO, FL 32835
- (b) 1408 E. ROBINSON STREET
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ORLANDO, FL 32801
3. 04/17/15 Date of filing/registration in Florida
4. L12000034186 Document number

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

BOYER LAW FIRM, PL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9471 BAYMEADOWS ROAD, SUITE 404
JACKSONVILLE, FL 32256

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

MIA A. THOMAS
NEW Registered Office Address:
1408 E. ROBINSON STREET
ORLANDO, FL 32801

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.

Francis Fumer
Signature of a member or authorized representative of a member

Francis Fumer
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 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.

Mia A Thomas
Signature of Registered Agent

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TALLAHASSEE, FLORIDA