L120000 41464

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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September 13, 2019

ALICIA JIMENEZ 1436 E ATLANTIC BLVD UNIT H POMPANO BEACH, FL 33060

SUBJECT: LUXURYMATTRESS LLC

Ref. Number: L12000041464

We have received your document for LUXURYMATTRESS 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):

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) 245-6050.

Letter Number: 619A00019010

Rebekah White Regulatory Specialist II Supervisor

COVER LETTER

TO: Registration Section Division of Corporations								
·								
SUBJECT: LUXURYMATTRESS 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:								
ALICIA JIMENEZ								
Name of Person								
Firm/Company								
1436 EAST ATLANTIC BLVD. UNIT H								
Address								
POMPANO BEACH FL 33060								
City/State and Zip Code								
MMGALERYFL2012@GMAIL.COM								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter,	please call:							
ALICIA JIMENEZ	561 8460374							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
Clifton Building	P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	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.

ı Na	ame of the limited liability company:LUXURYMAT	TRESS	LLC			·- <u></u>
	1436 EAST ATLANTIC BLVD. UNIT H	(b)	(b) 1436 EAST ATLANTIC BLVD. UNIT I			NIT H
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	POMPANO BEACH FL 33060		POMPAN	NO BEACH FL 33060		
						
	03.29.2012	L	12000041	1464		
3.	Date of filing/registration in Florida IONUT D. MURAR	4.	1	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of 1436 EAST ATLANTIC BLVD. UNIT H		Dept. of State;			
	Registered Office Address (MUST BE FLORIDA STREET & POMPANO BEACH	(DDRESS)				
	, FL	33060			2019	
(b)	ALICIA JIMENEZ				1001	· 27
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>'ess</u> :		8	
	1436 EAST ATLANTIC BLVD. UNIT H				PH	1
	NEW Registered Office Address:	·		. •	PH I2: 48	Sec. 9
	POMPANO BEACH				ထ	
	, F!	33060				
Sign I heroprovis the neuron	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the ature of a member of authorized representative of a member which accept the appointment as registered agent and ages in sof all statutes relative to the proper and complete foligations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	ability cor of the limit limited lia	npany, it is led liability ability com	hereby confirmed the company or as other pany. NEZ Printed or typed name or as other pany.	of signee	hange(s) rovided in

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