

L12000041539

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 3 2013

PrL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: H & M IMPORTS
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:

Harris Wernovsky
Name of Person

H & M IMPORTS
Firm/Company

5379 LYONS ROAD #161
Address

COCONUT CREEK, FL 33073
City/State and Zip Code

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

For further information concerning this matter, please call:

HARRIS Wernovsky at (954) 422-2224
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2013

HARIIS WERNOVSKY
5379 LYOMS ROAD #161
COCOANUT CREEK, FL 33073

SUBJECT: H & M IMPORTS, LLC
Ref. Number: L12000041539

We have received your document for H & M IMPORTS, 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):

You submitted the wrong type of form, proper form is enclosed, please complete proper form and return.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 213A00021497

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: H E M IMPORTS, LLC
2. (a) Principal office address of limited liability company: 5379 LYONS ROAD #161
(Note: **MUST BE STREET ADDRESS**) COCONUT CREEK, FLORIDA
33073
- (b) Mailing address of limited liability company: Same as above
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 3/26/2012
4. Document number: L12000041539

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

Registered Agent:

The Law Offices of Nick Spradlin, P.C.

Registered Office Address:

18952 NORTH PALM MARY HAY
SUITE 102
LUTZ, FL 33548

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

NEW Registered Agent:

HARRIS WERNOVSKY

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

5379 LYONS ROAD #161
COCONUT CREEK, FL 33073

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 of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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13 OCT -2 PM 12:58
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