

L12000070949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. BRYAN

AUG 28 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YES VACATION 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:

IRENE CASELLATO PALMA
Name of Person

YES VACATION LLC
Firm/Company

13083 NW 23RD STREET
Address

PEMBROKE PINES, FLORIDA. 33028
City/State and Zip Code

CVIAGGIO @HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE C. PALMA at (954) 8223196
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

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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: YES VACATION LLC

2. (a) Principal office address of limited liability company: 407 LINCOLN ROAD, 8L.

(Note: **MUST BE STREET ADDRESS**) MIAMI BEACH, FL. 33139

(b) Mailing address of limited liability company: 407 LINCOLN ROAD, 8L.

(Note: **MAY BE POST OFFICE BOX**) MIAMI BEACH, FL. 33139

MAY 25, 2012 L12000070949
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: IRENE CASELLATO PALMA

Registered Office Address: 407 LINCOLN ROAD, 8L.
MIAMI BEACH, FLORIDA. 33139

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

NEW Registered Agent: IRENE CASELLATO PALMA

NEW Registered Office Address: 13083 NE 23RD STREET
(MUST BE FLORIDA STREET ADDRESS) PEMBROKE PINES, FL 33028

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.

Irene Casellato Palma
Signature of a member or authorized representative of a member

IRENE CASELLATO PALMA
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.

Irene Casellato Palma
Signature of Registered Agent

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MAY 27 PM 3:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA