

L12000093511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

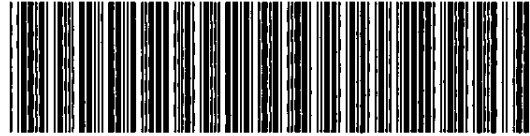
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800238081188

08/03/12--01015--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 PM 1:37

AUG 16 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBM SOLUTION 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:

BEATRIZ HERNANDEZ

Name of Person

HBM SOLUTION LLC

Firm/Company

15476 NW 77 CT #143

Address

MIAMI LAKE , FL 33016

City/State and Zip Code

hbmsolution@yahoo.com

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

For further information concerning this matter, please call:

BEATRIZ HERNANDEZ

Name of Person

at (786)

237-6952

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

RECEIVED

12 AUG 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 6, 2012

BEATRIZ HERNANDEZ
15476 NW 77 CT
143
MIAMI LAKE, FL 33016

SUBJECT: HBM SOLUTION LLC
Ref. Number: L12000093511

We have received your document for HBM SOLUTION 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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 II
Registration/Qualification Section

Letter Number: 412A00020365

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: HBM SOLUTION LLC

2. (a) Principal office address of limited liability company: 3975 NE 15 ST

(Note: MUST BE STREET ADDRESS)

HOMESTEAD, FL 33033

(b) Mailing address of limited liability company: 15476 NW 77 CT

(Note: MAY BE POST OFFICE BOX)

MIAMI LAKE, FL 33016

07/19/2012
3. Date of filing/registration in Florida

L12000093511
4. Document number

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

Registered Agent: BEATRIZ HERNANDEZ

Registered Office Address: 15476 NW 77 CT #143

MIAMI LAKE, FL 33016

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

NEW Registered Agent: BEATRIZ HERNANDEZ

NEW Registered Office Address: 3975 NE 15 ST

(MUST BE FLORIDA STREET ADDRESS)

HOMESTEAD, FL 33033

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]
Signature of a member or authorized representative of a member

BEATRIZ HERNANDEZ

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
SECRETARY OF
DIVISION OF CORP.
12 AUG 15 PM