

L12000119908

(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



200256239742

02/03/14--01012--006 *\$25.00

FILED
2014 FEB - 3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FL 32399

FEB 04 2014
D. C. C. C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pieces Furnishings by Consignment, L.L.C.
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:

Catherine Crossman

Name of Person

Pieces Furnishings by Consignment

Firm/Company

1224 Sunshine Tree Blvd

Address

Longwood, FL 32779

City/State and Zip Code

tGbtg1224@gmail.com

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

For further information concerning this matter, please call:

Catherine Crossman at (407) 353-8283

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

FILED
2014 FEB -3 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Pieces Furnishings by Consignment, L.L.C.

2. (a) Principal office address of limited liability company: 3590 N HWY 17-92
(Note: **MUST BE STREET ADDRESS**) #1008
Lake Mary, FL 32746

(b) Mailing address of limited liability company: 1224 Sunshine Tree Blvd
(Note: **MAY BE POST OFFICE BOX**) Longwood, FL 32779

Sept 19, 2012

L12000119908

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:

Tracy Harper (RESIGNED)

Registered Office Address:

1224 Sunshine Tree Blvd
Longwood FL 32779

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

NEW Registered Agent:

Catherine Crossman

NEW Registered Office Address:

1224 Sunshine Tree Blvd

(**MUST BE FLORIDA STREET ADDRESS**)

Longwood FL 32779

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.

Catherine Crossman
Signature of a member or authorized representative of a member

Catherine Crossman
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.

Catherine Crossman
Signature of Registered Agent

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

FILING FEE: \$25.00