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SECRETARY OF STATE
DIVISION OF CORPORATIONS

A 21-111



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2018

DANIELLE NEWMAN 2850 MAPLE BROOKE LOOP LUTZ, FL 33558

SUBJECT: DANIELLE NEWMAN L.L.C.

Ref. Number: L13000004353

\$55.00

We have received your document for DANIELLE NEWMAN L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 518A00000866

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Danielle Newyar Name of Limite	1 L.L.C ed 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:				
Danielle Newman Name of Person					
Danielle Newman L.L.C. Firm/Company	-				
2850 Maple Brook Loop Address					
Lutz, Fl. 33558 City/State and Zip Code					
<u>daninewman1977</u> Dagmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call	l:				
Danielle Newman at 8	313 ₎ 340-7627				
Danielle Newton at (& 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				

INHS18 (2/14)

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.

1 1011					
1.	Name of the limited liability company:	Danielle	Newman	L.L.C	
2. (:		_	(b)		
<u> </u>	Principal office address of limited lia	bility company:	Mailing a	ddress of limited liability co	
	2850 Maple Bro	ok Loop	2850 1	Maple Brook	Loop
	Lutz, F1. 33558		, ,	Fl. 33558	,
				_	
3.	January 9, 201 Date of filing/registration in	3 Florida 4) <i>000 4353</i> nent number	
	• , , , , , , ,	_	,		
5. ((a) United States Co Registered Agent and Registered Office show				
	Registered Agent and Registered Villee show	THE OF THE PERMANENT AND PROPERTY.	ou isept. Of state.		
	Registered Office Address (MUST BE F.	TORIDA STREET ADDRE	(22)		
			4		0
	13302 Winding			18	SIAI
	Tampa	,FL3	3612		i in constant
	Danielle B	· Newman		62.1	SET OF SET
(Enter name of NEW Registered Agent and/			7	목그뜨
	2850 Maple 1	Brook Loop	•		7. ATTO
	NEW Registered Office Address:			7	
					
	Lut2	<u>ت</u> . FL	3 <i>3558</i>		
I.C.A.	e limited liability company is not organi	inal andor the love of the	an Centural Clasida de	is harahy confirmed th	at altar
the	change or changes are made, the Florida	street address of the rep	gistered office and th	ne business office of the	e registered
	nt will be identical. Or, in the case of a lead were authorized by an affirmative vote of				
	articles of organization or the operating	agreement of the limited	l liability company.		
	Famille & Newyo	<u>u</u>	Danielle.	B. Newwa or typed name of signee	7
	gnature of a member or authorized representative				
I he prov	ereby accept the appointment as register visions of all statutes relative to the prop	ea agent and agree to a er and complete perfor	mance of my duties,	i juriner agree to comp and I am familiar with	iy wiin ine and accept baing 6123
to n	visions of all statutes relative to the propobligations of my position as registered herely reflect a change in the registered in	office address, I hereby	confirm that the lim	ited liability company h	seing jitea ias been

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

Signature of Registered Agent