

L13000015452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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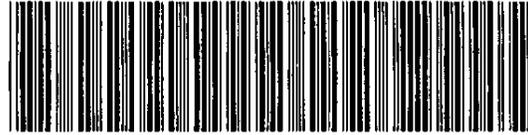
(Business Entity Name)

(Document Number)

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FILED  
2013 AUG 21 PH 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 22 2013  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caribbean Kremas, 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:

Guerlyne Pierrilus  
Name of Person

Caribbean Kremas, LLC  
Firm/Company

7535 Cedar Hurst Ct.  
Address

Lake Worth, FL 33467  
City/State and Zip Code

Joel 24567@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guerlyne Pierrilus at (561) 267-1639  
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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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 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: Caribbean Kremas, LLC

2. (a) Principal office address of limited liability company: 7535 Cedar Hurst Ct  
Lake Worth, FL 33467  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 7535 Cedar Hurst Ct  
Lake Worth, FL 33467  
*(Note: MAY BE POST OFFICE BOX)*

01/28/13  
3. Date of filing/registration in Florida

L13000015452  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Guerlyne Pierrilus  
Registered Office Address: 7535 Cedar Hurst Ct  
Lake Worth, FL 33467

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: \_\_\_\_\_  
NEW Registered Office Address: 126 W. Boynton Beach Blvd.  
*(MUST BE FLORIDA STREET ADDRESS)* Boynton Beach, FL 33425

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  
Joel Dory  
Printed or typed name of signee

FILED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA  
1 PM 5:00

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.  
Guerlyne Pierrilus  
Signature of Registered Agent

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