1130001985

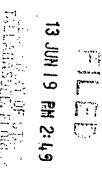
(Re	equestor's Name)	
(Address)		
(Address)		
	ty/State/Zip/Phone	a #0
(CII	ly/State/Zip/Phone	= # <i>)</i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		,

Office Use Only



100248393821

06/19/13--01018--006 **25.00



O. BUTLER

COVER LETTER

Division of Corporations		
20202011	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Lourdes Alexan Name of Person Castern Doors & Des	13 JUN 19 PH 2: 49	
Davie, Rl 333/4	ieb.	
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report referred to the concerning this matter.)	,	
Loesdes Alcreon Name of Person	at (954) 353 – 4473 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	ng amount:	
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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 liability company submits the following statement in oragent, or both, in the State of Florida.	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: Custom	- Doos of Associates, UC.
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 4770 Oakes Pood sviteB
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1970 Ockes Rood suiters
3. Date of filing/registration in Florida	<u>L130000 19825</u> .
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Loexdes Bloneen
Registered Office Address:	4720 Oakes Road suite E
	Dove of sory
(b) Enter name of NEW Registered Agent and/or N I	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4720 Oakes Road Svile &
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida-limited (s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
Signature of a member or authorized representative of a member	
Lourdes Heroon	
Printed or typed name of signee	7
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to a address I hereby confirm that the limited liability compa	agree to det in this capacity. I juriner agree to sproper and detection in the proper and agree to sproper and agree to sproper agree to sproy duties, so sition as registered agent as provided for in a sproy detect a change in the registered office any has been notified in writing of this change.
agnature of Registered Agent	

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

Electronic Articles of Organization For Florida Limited Liability Company

L13000019825 FILED 8:00 AM February 07, 2013 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: CUSTOM DOORS & ASSOCIATES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4720 OAKES ROAD SUITE E DAVIE, FL. US 33314

The mailing address of the Limited Liability Company is:

4720 OAKES ROAD SUITE E DAVIE, FL. US 33314

Article III

The purpose for which this Limited Liability Company is organized is: FURNISH AND INSTALL DOORS AND ACCESORIES

13 JUN 19 PM 2: 49

Article IV

The name and Florida street address of the registered agent is:

LOURDES ALARCON 4720 OAKES ROAD SUITE E DAVIE, FL. 33314

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LOURDES ALARCON

Article V

The name and address of managing members/managers are:

Title: MGRM DENNIS WINN 4720 OAKES ROAD SUITE E DAVIE, FL. 33314 US

Title: MGRM JAIRAM MAHARAJ 5275 SW 10TH STREET MARGATE, FL. 33068 US

Title: MGRM LOURDES ALARCON 4720 OAKES ROAD SUITE E DAVIE, FL. 33314 US

Article VI

The effective date for this Limited Liability Company shall be: 02/01/2013

Signature of member or an authorized representative of a member Electronic Signature: LOURDES ALARCON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000019825 FILED 8:00 AM February 07, 2013 Sec. Of State nculligan

