

L130000023160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

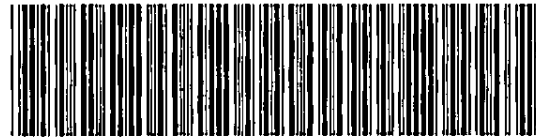
(Document Number)

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CLERK OF STATE
SARAH L. VOUGHEL

○ SIMMONS
JAN 08 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2020

AUDREY MEDINA
92685 OVERSEAS HWY
TAVERNIER, FL 33070

SUBJECT: FLORIDA KEYS IMPACT WINDOWS, LLC
Ref. Number: L13000023160

We have received your document for FLORIDA KEYS IMPACT WINDOWS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 520A00025039

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Keys Impact Windows 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:

Audrey Medina
Name of Person

Florida Keys Impact Windows LLC
Firm/Company

926.85 Overseas Hwy
Address

Tavernier FL 33070
City/State and Zip Code

pinowindows@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Medina at (305) 741-8828
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following 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 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. Name of the limited liability company: Florida Keys Impact Windows LLC

2. (a) Florida Keys Impact Windows

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

92685 Overseas Hwy
Tavernier FL 33070

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida

4. Document number

5. (a) Audrey Medina

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

92685 Overseas Hwy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tavernier FL, FL 33070

(b) Audrey Medina

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

22805 SW 212th Ave
NEW Registered Office Address:

Miami, FL 33170

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.

Audrey Medina
Signature of a member or authorized representative of a member

Audrey Medina
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 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.

Signature of Registered Agent

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2020 DEC 22 PM 12:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FL